

GONE TO DELIVER LIONS
BIRTH AND SOCIAL CHANGE IN A
TANZANIAN VILLAGE

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I declare that this thesis has been composed by me and that it is entirely my own work.

Valerie Roskell Payton
Edinburgh 25th May 1995



Embracing the future:
A clan midwife and grandmother
with her grandchild

ABSTRACT

In 1974, Tanzania experienced a massive villagisation programme, unprecedented on the African continent. This study is about some of the ways in which the lives of people, especially women, have been affected by this experience. Taking as its primary focus the activities, decision making and ideas informing the events surrounding birth in the village of Fulwe, it opens out to consider issues concerning the relationship between experience, knowledge and power. Particular emphasis is placed on recognising the fieldwork encounter as the locus for ethnographic production.

The question of the role of the traditional midwife as an agent of change is identified as an important reason for the initial creation of the project. However fieldwork experiences suggested the need for further exploration of gender, age and kinship relationships, all of which find expression in the idiom of birth, when considered as a cultural construction. Senior women gain a sense of identity and power from their practice of ritual preparation of the female initiand and the guidance to delivery of their younger kinswomen. Influences, such as formal school education and the choice of hospital delivery, are contentious issues which threaten the traditional routes to power for older women. In contrast to government controlled formal education, knowledge within the traditional paradigm is embodied, and conditional upon practice and actual experience. Using Bourdieu's idea of symbolic capital, I examine how some midwives attempt to harness the power implicit in hospital practices, for their own interests.

In Fulwe, it is not possible to define a single gender ideology. Nor is it possible to discuss the unique status of women. The textual analysis of fertility and birthing activities alone, reveals several, sometimes contradictory, ideological views. These inform the self images of women at different stages of their lives, and give shape to their relationships with other women and men. How such ideas come to be considered as 'natural' and how they can be manipulated, utilized and challenged is described in terms of the perceived value of children.

Ultimately this contextual analysis of birth informs a wider discussion of the changing situation for women and men in the village environment. It identifies a growing sense of connectedness between the village, the town and beyond, and describes how this connectedness may be articulated in relationships of power. Finally, in the context of village institutional structures for birthing, the study examines the conditional value of traditional midwife training as a development strategy for improving maternal and child health.

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Just finding my way to the village and learning about the aspirations that people hold for the assistance of traditional midwives in improving the lives of women and children in the village situation depended on the cooperation of a number of government health workers and academics. I should especially like to thank Edna Ndaga and Joyce Safe from the Tanzanian Ministry of Health and Dr. Eustace Mohondwa from the Institute of Public Health at the University of Dar-es-Salaam. They, and many others, shared with me their ideas, experiences and hopes for projects aimed at using traditional midwives for extending health care to the rural areas. I admire and respect their dedication and determination in the face of increasingly difficult working conditions in Tanzania.

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CONTENTS

Abstract	iii
Acknowledgements	iv
List of Illustrations	x
Note on Transliteration	xi

CHAPTER 1

Thinking about Birth: An Introduction	1
--	---

CHAPTER 2

Contextualising the Issues	7
Introduction	7
Issues of health in Colonial and Post Colonial Tanzania	7
Evolving Perspectives towards Traditional Midwifery	10
Operation <i>Kijiji</i> : The Villagisation Movement	15
Dual Sector Versus Continuum of Options	18
The Question Of Assistance	19
Birth as a Cultural Construction	21
Birth as a Social Process	22
Birth Rituals and Power Relations	24
Midwives as Ritual Specialists	25

CHAPTER 3

Living on the Road: The Village of Fulwe	27
Stepping From the Road	27
Local History of the Area	30
Language	34
The Party and Village Political Structures	34
Formal Education	36
Government Health Facilities	37

Religions and Ceremonies	38
The Village Population	40
Relative Terms	41
The Village Environment	44
Water and Fuel Supplies	47
Agriculture	49
Farming and Marketing Cash Crops	50
Women and Cash Economies	54
Women, Sexuality and the Road	55
Perceptions of Change	56

CHAPTER 4

On Participation	59
The Fieldwork Encounter	59
Called to a Birth	60
Reflections	62
Negotiating an Identity	63
On Participation	67
The Paradox of Participation	70
Constructing Familiarity	73
Doing is Becoming: Embodied Knowledge	74
Creating Structures to deal with Anxieties	75
A Different Perspective Emerges	78
Creating Distinction	80
Resolution of a Kind	83

CHAPTER 5

Mountains, Midwives and Metaphors: Considering Misfortune in Fulwe	86
Introduction	86
Walking up the Mountain	86
Mountains, Animals, Trees and Spirits	91
From Mountains to Medicines and the <i>Mganga</i>	93

<i>Uganga</i> and Assistance with Fertility and Birth	94
The Place of the <i>Mganga</i> in Issues of Fertility and Birth	95
Mzee Kasim: A Village <i>Mganga</i>	96
Koranic Healers	98
Understanding Misfortune	99
Demon Spirits	101
<i>Rohani and Mahaba</i> : Demons of Love	103
Hadija's Possession by <i>Rohani</i>	105
Living with Demons	106
<i>Mizimu</i> : The Ancestral Spirits	107
<i>Tambiko</i>	110
<i>Miezi Mungu</i>	111
Witchcraft	114
Who are the Witches?	117
Witchcraft and Fertility	118
Witches and Midwives	120
Witchcraft and Belief	122
Witchcraft as Allegory	123
Interpretation of Misfortune as a Dialogue of Control	126
The Case of Mama Nasibu	127
Discussion	130
Clan Dispositions and the Interpretation of Misfortune	130

CHAPTER 6

Fertility, Birth and Midwives as Ritual Specialists	134
Introduction	134
Notions of Blood, Birth and Bodily Essences	135
Sex, Fertility and the Production of Children	138
Midwives and Ritual Specialists	144
Pregnancy	146
Birth	151

Fertility and Initiation	156
Marriage overshadowed by Initiation	158
Passive but Potent with Latent Creativity: Catching the <i>Mwali</i>	162
Vulnerability of the <i>Mwali</i>	164
Identical Anxieties, New Metaphors: Reworking the Lion Story	165

CHAPTER 7

Balancing the Cooking Pot: Gender Relations in Fulwe	170
Introduction	170
Rhetorical Management of Gender Identity	172
Negotiating Relationships	175
Breast milk is Wealth	178
Marriage, Cohabitation and Divorce	184
Conflict between Partners: Mama Mwanahamisi's Story	186
Taking Lovers	192
Coping with Adversity: Mangara's Story	195
<i>Mwalimu</i> Leba's Story	198
Wealth-in-Children	201
Conclusion	205

CHAPTER 8

Knowledge, Experience and Power	208
Voicing Concerns	208
A Critique of Relativism	211
Knowledge as Experience and Experience as Authority	213
Women as Guardians of Traditions	215
"These are Not Secrets of the Revolutionary Party: You must not Refuse Her"	218
The Economy of Secrets: Giving the Meaning	220
Called to Participating at a Birth	222
Notions of Assistance	227
Hospital Attendance: Waiting at the Gate	229
Hospitals and Hits as Symbolic Space	231

Opportunities for Participation	236
Emerging Structures	239
Development Issues	240
Journeys between Symbolic Spaces	244
Locality, Identity and Change	246
The Politics of Representation	247
Valuing Knowledge: "If I told you, Could you sing it"	248

APPENDIX 1	252
APPENDIX 2	253
REFERENCES CITED	258

LIST OF ILLUSTRATIONS

Maps

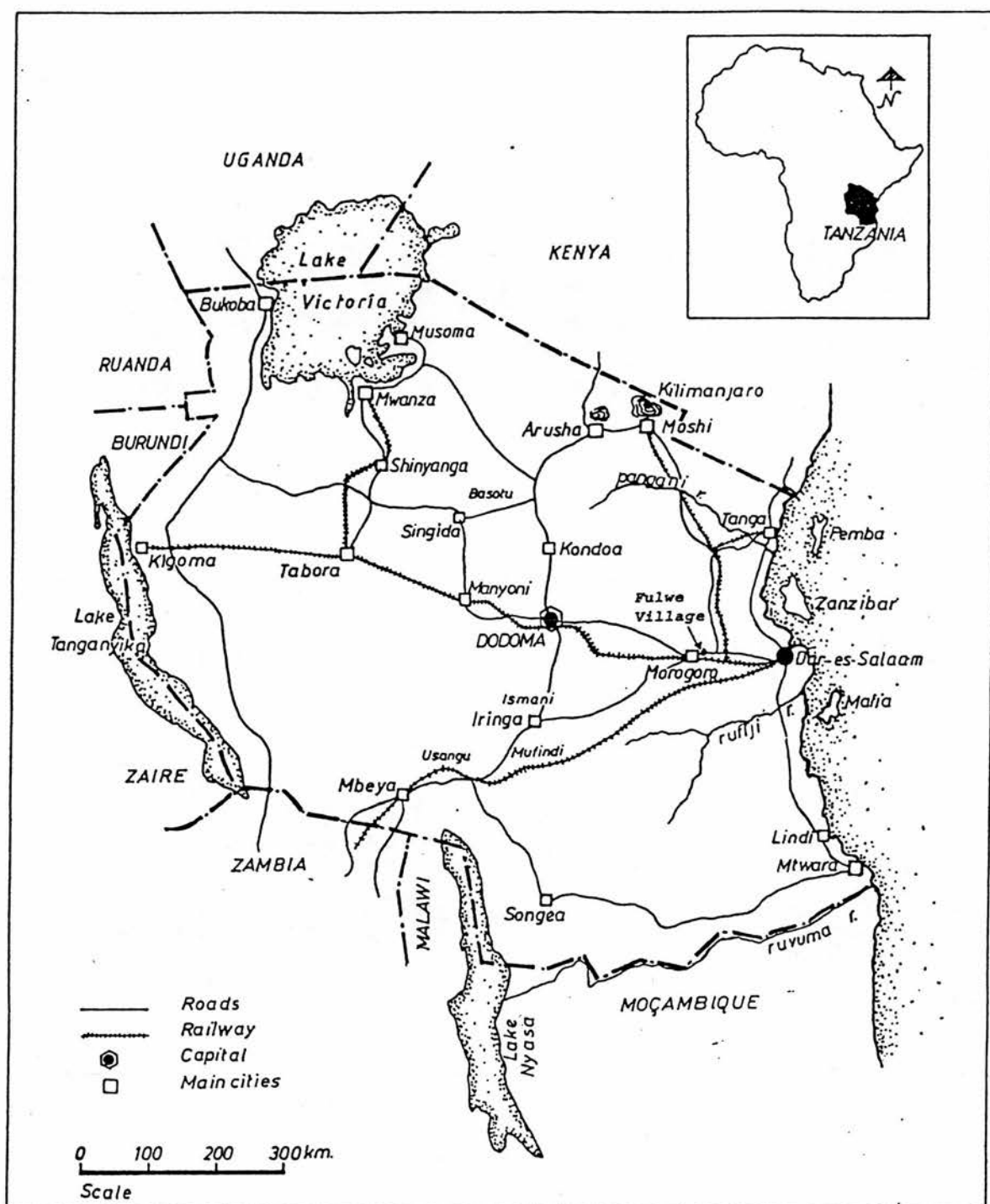
- | | | |
|----|--|------|
| I | Tanzania: roads, railways and major cities showing position of Fulwe | xii |
| II | Fulwe Village | xiii |

Plates

- | | | |
|----------------|---|-----|
| Fronticepiece: | Embracing the future: A clan midwife and grandmother with her grandchild | ii |
| 1 | Fulwe village showing its relationship to the highway and the Uluguru Mountains | 28 |
| 2. | Handhoe cultivation in Fulwe | 28 |
| 3. | Young men selling tomatoes at the roadside | 51 |
| 4. | Selling cotton to the government cooperative | 51 |
| 5. | Women raising cash through the sale of home made buns for local consumption | 53 |
| 6. | Women and children attending the village Child Survival, Protection and Development clinic for weighing | 53 |
| 7. | <i>Tambika</i> ceremony to appease <i>shetani</i> spirit | 113 |
| 8. | Preparing an amulet for the prevention of witchcraft | 113 |
| 9. | The bringing out ceremony of the newborn | 153 |
| 10. | The child is given the <i>mwiko</i> of its father's clan | 153 |
| 11. | Symbols of fertility: A secluded <i>mwali</i> poses with her baby brother | 163 |
| 12. | Descended from the shoulders of the <i>mkasamo</i> , the <i>mwali</i> is supported by a kinswoman on the final day of initiation. | 163 |
| 13. | Traditional midwives demonstrate the birthing position during training session | 226 |
| 14. | Fellow kinswomen form the birthing group of a young mother | 226 |
| 15. | Conversations with Mama Kaloli | 251 |

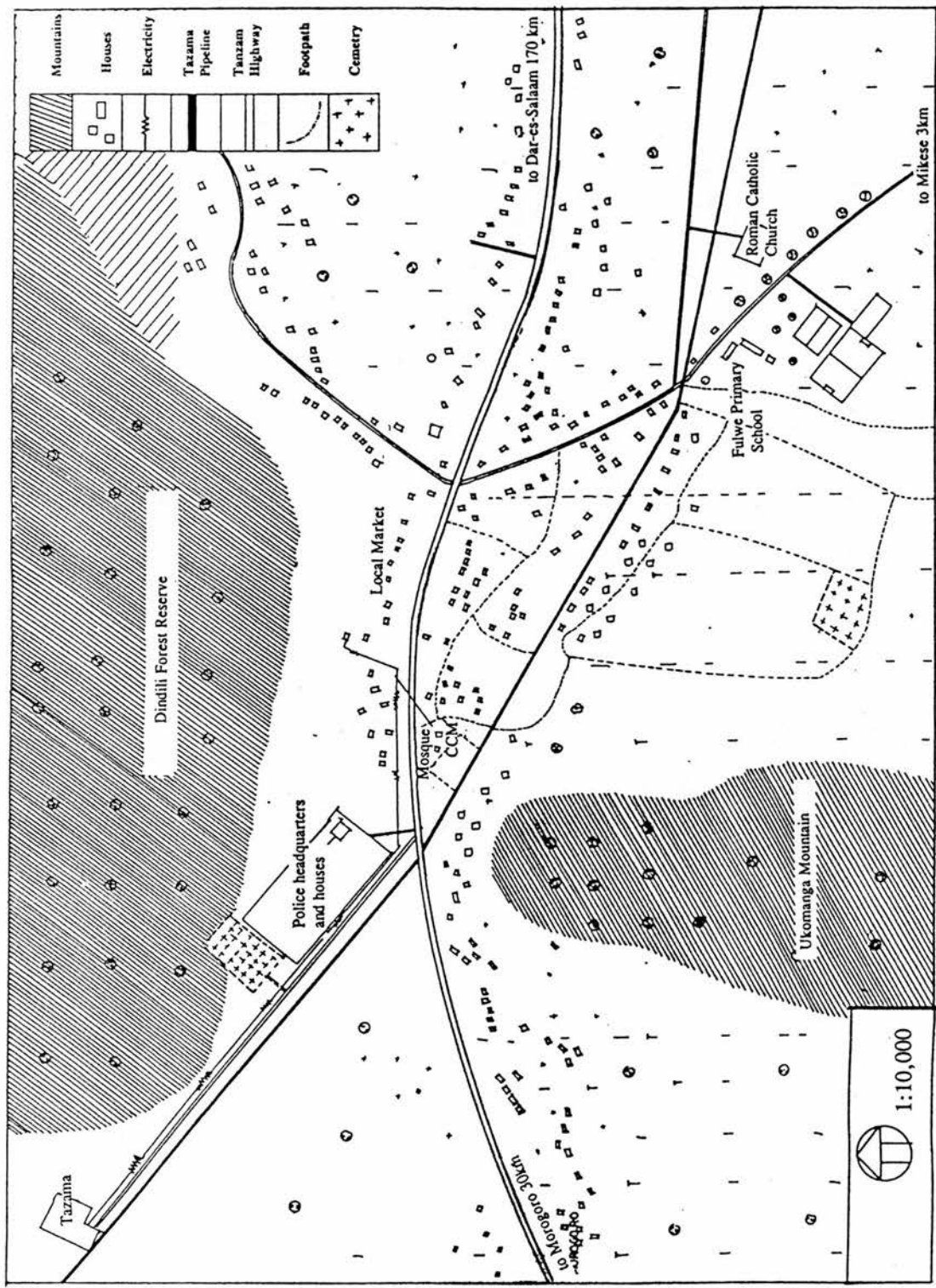
Note on Transliteration

Kiswahili is the language most often spoken in the village of Fulwe. Throughout the text I have used the standard spelling of Kiswahili suggested by F. Johnson in the Standard Swahili/English Dictionary. Oxford: Oxford University Press. Where the word is specifically Kiluguru, I have indicated this in parenthesis.



MAP I

Tanzania: Roads, railways and major cities showing the position of Fulwe Village in relation to Morogoro and Dar-es-Salaam



MAP II
Fulwe Village

Adapted from a map by Mwarabu DG, Nyoka FA, Yuma M. Dept. of Land Resources
University of Dar-es-Salaam, 1991

CHAPTER ONE

THINKING ABOUT BIRTH: AN INTRODUCTION

Consider the following experiences:-

Entering the darkness of the hut, Binti Nyangasi and I find the pregnant woman quietly laying on the floor. She is surrounded by a group of elderly women. They are concerned at the length of her labour. I crave to ask questions but say nothing. After some initial introductions Binti Nyangasi, the registered village midwife, draws the girl to her feet and elevates her arms above her naked body. Taking ash from the fire she rubs it along the length of the woman's body. Incanting a prayer to the ancestors, she call for their assistance.

Elsewhere, and in a different time and space,

I walk into the 2nd Stage Room of a city hospital. A young girl in a white gown lays on the delivery table. Her boyfriend sits passively by her, watching the machine beside them produce a graph. She is wired to the contraction monitor, a drip feed accelerates her labour and an epidural, blocking the pain, is strapped to her shoulder. She is reading the 'Woman's Own'. When I go to examine her, the baby's head is just visible. She puts down the magazine and, encouraged by our pleas to push, the baby is born shortly afterwards.

These are my own experiences. I share them with the others present. Why do they keep returning to me, somehow asking to be reconsidered? Reading my stories lying side by side, here on the page, I understand the tangible reality that both of these women were experiencing childbirth. They are, I think, uncontroversially the same physiological process and yet shaped in such a way as to produce a different experience, to offer different meanings. I enter both birthing rooms prepared with my bookish knowledge and the 'hands on', practical experience of time. But for moments in each place I sense the strangeness of an outsider, hovering over the situation rather than being a part of the action.

Why are births experienced in such different ways? What forces are at work to shape the way birth is handled and thought about? What does the shaping of childbirth process tell us about the communities in which the birth event takes

place? In particular, how do changing material and political circumstances find expression in the practice of midwifery and the experience of birth?

This is an ethnographic study about birth and social change in a Tanzanian village. But it is also a study about the men and women who live there, and the issues of power and knowledge that permeate their relationships. I have chosen to examine birth as a cultural construct and social process for a variety of reasons. For several years I worked as a midwife, assisting women and their families through their pregnancies and labours and on into the early days of parenthood. At times, I explored with them the new meanings that were taking shape for them. What I saw was an intimate event in peoples lives that represented a sharp shift in social identity, pattern of concerns and ways of perceiving their existence. Furthermore, because I have lived and worked in different parts of the world, I could see that the processes for accommodating and giving meaning to these experiences were varied and disparate.

I decided, therefore, to use birth as a kind of cultural text, a springboard into an understanding of the creative imaginations of those people with whom I lived in the rural Tanzanian village of Fulwe from May 1991 until June 1992. I suggest that treating birth contextually can provide a sensitive marker of, and specific pointer to, the spectrum of ideas that inform and motivate peoples actions, not only in relation to the birthing process but to many other aspects of their existence. In so far as the birth of a child into peoples lives suggests the embodiment of the past as well as a vision for the future, considering the cultural and social dimensions of the experience represents a particularly evocative area of study. Taking birth as a focus and working outwards from the experience, in a kind of analytical deconstruction, has provided an instructive and sometimes intimate view of the changing lives of women, men and their families in the village situation.

Because of my own background and experience, I embarked on this study by focusing on the activities of the traditional midwife. I had worked with traditional midwives in Central America and grown to respect their contribution to the welfare of women and children. Development strategies have placed a great

deal of emphasis on the potential of these practitioners as 'culture brokers' for western obstetric practices at village level. Nevertheless, there has been very little work done on examining the effects that training programmes for traditional midwives have had on their subsequent practice. While this has not been the expressed purpose of this study, it has been intrinsic to understanding the dynamics of managing birth in the village and will therefore be considered.

Developing Mauss' idea that the human body is always treated as an image of society, Douglas (1970:98) has stated that there can be no natural way of considering the body that does not involve a social dimension. On this theme Oakley (1977:18) has claimed that nowhere is childbirth natural. Now, as a midwife who had, in the past, worked hard to assist women in what envisaged to be the achievement of a 'natural' birth, I became interested in Oakley's perspective. Although I found it a rather difficult idea initially, the words had a resonance for me, as I reflected on my own quite extensive experience as a midwife working in a variety of settings. In the context of non-western midwifery practice I started to realise that, in order to work meaningfully with the local midwives, I must recognise the possibility of shifting views of what constitutes the notion of 'natural' fertility and birth, both cross culturally and through time. For it became evident to me that wherever birth takes place it is structured in quite definite, though different ways. While the process may be informed by ideas of naturalness (MacCormack 1982:2), these ideas are contextually defined notions and apparently arbitrary in any objective or comparative sense.

In most cases the woman adheres to the rituals and customs that she, her kin group and the community of which she is apart agree will guide her to a satisfactory outcome. These symbolic forms: ritual, everyday customary practices and language do not only reflect ideological beliefs but can empower and transform meaning. In Geertz's (1973:93) terms they are both models of and models for society. In their articulation and practice they both inform and express. Such actions are based on cultural notions of what is considered correct, and are at the same time subject to degrees of change.

But how are these notions of naturalness created and maintained? What gives these informed practices their self-evident quality? Moore discusses this problem in relation to space, but the argument similarly applies in terms of birth, when it is considered as cultural text and a form of representation.

The systems at work in the ordering of space reproduce, through metaphoric extension and transformation, representations of such things as divisions by age, sex or positions in the relations of production. These systems of classification contribute to the reproduction of power relations of which they are a product. They help to secure the misrecognition of the arbitrariness on which they are based. They appear natural... The text as an instrument of knowledge, referring simultaneously to the individual's position in the world and the natural world outside its context, is a political instrument. It reproduces the ideological forms which produce it and which make both those forms and itself appear natural, self evidently true (Moore 1986:88).

Once the dialectic between birth, practice and ideology is recognised, the project of considering birth as a culturally constructed text can start to examine the power relationships between such groups as men and women, elders and youths, hospital and lay midwifery practitioners. Recognising the perceived sources of legitimate knowledge becomes an important focus for understanding the processes of strategic decision making and motivations for action.

Over the last eighty years, the way childbirth has been shaped in the West has increasingly been dominated by medical science, which is in itself an expression of a belief system based on Cartesian and post-Cartesian philosophy. Indeed, Oakley's (1984:12) historical overview of the emerging incorporation of fertility, pregnancy and birth into the medical domain in Britain, demonstrates the malleability of birth as a cultural form, and its relationship to political and philosophical traditions (reflected in the practice of medical science) of the time.

The theme of the movement of birth out of the domestic sphere to the hospital or clinic has a resonance for this study. As in most non-industrialised countries, birth in the village setting remains the norm for the majority of women in Tanzania¹. The influences felt by the medicalisation and professionalisation of birth are still only partial (Semali 1986:87). While cosmopolitan medical practices in maternity are available to rural and urban populations, these simply

¹ UNICEF (1990:19) estimates that over half of births in rural areas of Tanzania take place outside the hospital environment.

represent one of several routes to assistance during pregnancy and at birth. Nevertheless, there is evidence from this study that, through the modernisation programme in Tanzania and the subsequent increased accessibility to hospital, the number of those families who choose hospital assistance is increasing. Part of this study examines the social processes at work in this movement and explores the effects that such a move has on the workings of the institution of village midwifery, as it is practiced in the village of Fulwe. Furthermore, if meaning is evoked through practice, and is context dependent, as Bourdieu suggests (1977:91), I want to consider how this trend from village to hospital has been accommodated in terms of imputing meaning to the experience of childbirth. To put these questions into context demands an historical overview, which necessarily includes a consideration of the effects of the Tanzanian villagisation programme of 1974-6 with its influence on mobility, the movement from subsistence towards cash economies, and the provision of state education and health care.

It is my aim therefore to take birth as a cultural text and through it to explore some of the ways in which social change has found expression in the context of Tanzanian village life and villagisation. As an analytic framework, the consideration of birth as a cultural text seems to provide a way of pondering meaning without sacrificing a consideration of the political and historical basis of social action (see Moore 1986:86). Through an interpretation of other peoples' constructions (Geertz in Spencer 1989:148) and a reflexive examination of my own fieldwork experiences as a participant with experience of western midwifery practice, I address issues of strategic action, conflict, dispute and motivation in this study of fertility and birth in Fulwe.

Whilst an investigation of this kind necessarily puts the lives and experiences of women on the centre stage, I suggest that notions of fertility and the process of childbirth provides meaning in terms of power and identity for all members of the community. Birth, as a universal event, provides us with a solid marker from which meaning in cultural terms and organisation in social terms can be interpreted. The way it is accommodated and thought about is a product of

particular material, historical and cultural constraints. Helman (1984:42) reminds us "no medical system can be studied in isolation from other aspects of the society especially the social, religious, political and economic organisation. It is interwoven with these and is based on the same assumptions, values and world views".

CHAPTER TWO

CONTEXTUALISING THE ISSUES

Introduction

In Tanzania, the majority of rural women give birth in the village and with the assistance of local village midwives (UNICEF 1990). However, there have been few studies in Tanzania concerned with exploring the way village birth is organised and thought about. This is only surprising in that health in general, and particularly that of women and children, has held a high profile in the democratic socialist policy of rural development and government research in Tanzania. I believe this situation can be explained by a general historical overview of issues of health in colonial and early post-independent rural Tanzania, and by examining the evolving international attitudes to traditional medicine globally. Because the village where I undertook my study was a particular product of villagisation in Tanzania, I will also look at the history of the movement and some of the motivations for its inception. In doing this, I will position the theme of my study into some kind of historical and political context. In the final sections, and as the background to the rest of the study, I review some of the development issues and anthropological perspectives that have informed this consideration of fertility and birth.

Issues of Health in Colonial and Post Colonial Tanzania

Far from notions of health being an expression of one world view in the rural areas, Feierman (1981:354) describes how the waves of influence throughout Tanzania's history are reflected in the multiplicity of autonomous, varied and creative ideas relating to health and disease at village level. For the Tanzanian people, nominally fifty percent Moslem and fifty percent Christian, have a recent history marked not only by the succession of Arab, German and British rule but also by a period of escalated social change since the government-directed villagisation programme in 1974-76. Just how these influences have been

synthesised into healing and particularly childbearing patterns at the village level form one aspect of this study.

Whilst Islamic influences moved through Tanzania from the coast via the caravan routes of Arab traders to inland areas (Koponen 1988), the introduction of western notions of health care came towards the end of the 19th century at the hands of the German military and European missionaries (Beck 1981). The former typically provided enclave facilities for soldiers, whilst Christian missionaries reached out to local populations offering health care couched in the Christian idiom.

From early on in Tanganyika's colonial history, the role of the missionary in the provision of cosmopolitan style health care had been paramount, especially in the rural areas. Indeed Heggenhougen (1987) reminds us that this situation remains true to the present day. Through this community based work these well-motivated individuals sought to proselytise and in so doing, effectively challenged the established organisations of power and prestige through the introduction of education and health care facilities in tandem with Christian teaching.

Westerlund (1980:20) points out that Islam, like indigenous African religions based on ancestor worship, but unlike Christianity, does not differentiate between secular society and religion. This shared perspective of an holistic worldview helps to explain the relative ease with which many Islamic cosmological explanations of well-being have been accommodated without contradiction, into the emerging Moslem communities of the coast and inland. Conversely Beck (1981) documents the potential conflict that characterised the relationship between missionaries and *waganga* or medicine men. Both the British administration and their German predecessors were well aware of the religious power and socio-political influence of the traditional healers. Some sources suggested that the Maji Maji rebellion of 1905-6 had been incited through the influence of these practitioners. However despite the introduction of the Witchcraft Ordinance of 1929, the policy of Indirect Rule by the British effectively limited confrontation between government and local political and religious factions and it was only in

cases of extreme social disruption that the systems came face to face under formal law (Beck 1977).

In fact, the policy of indirect rule by the British from 1920 may well be considered a contributory factor to the proliferation of village based notions of health. Feierman argues that the inability of the colonial government to provide adequate modern medical health facilities for those in the countryside “left people in the rural areas free to create a rich world of conceptions and practices relating to health and well being”(1979:354). Those facilities that were built reflected the patterns of health care developing in Europe. Facilities were, for instance, largely hospital orientated, curative-based and in centres of higher population. This contrasted strongly with the community-based indigenous traditional practitioners and Islamic religious healers who viewed health and well being in more holistic terms and who remained the major recourse to treatment for those outside of the centres of higher population.

Despite political and academic interest in the place of the *mganga* or ‘medicine man’ in the organisation of social life for rural Tanganyikans, I find no descriptions from the colonial period of the place of the traditional midwife in village life, with the notable exception of Richards’ (1956) seminal study of *Chisungu* initiation, where she describes the dual role of the *nakimbusa* as ceremonial specialist and midwife. Whilst ethnographies such as those by Wilson (1951) describe beliefs concerning childbirth there is actually little to instruct us in the nature of the institution of midwifery. This is, I think, largely due to the bias shown towards the consideration of the male dominated political organisation of village life prior to the advent of the feminist critique in anthropology (see Moore 1988:4) plus little intrinsic interest in traditional medicine outside of anthropology before Alma Ata¹ in 1978.

One might imagine that, with the Tanzanian villagisation programme (1974-76) focused on the provision of primary health facilities in villages, by the time we reach the literature of the now independent Tanzania we might start to see an

¹ Report on the Alma Ata Conference (1978) was a WHO statement outlining the need for a new emphasis on primary health care services within the Third World.

official recognition of the role that traditional midwives were playing in the provision of health care for women and children. However, Gish (1976), in his book 'Planning the health sector: The Tanzanian Experience', not only fails to recognise these practitioners but goes on to devote the majority of the chapter on maternal and child health to a discussion of problems for hospital maternity provision in Dar-es-Salaam. Similarly, Hart (1977:179-185) discusses the training of rural medical aids without mention of the work of traditional midwives in the villages.

In terms of early development policy Westerlund (1980:143) goes some way to explaining the 'invisibility' of these traditional practitioners by describing the tension inherent in the relationship between the newly independent government and traditional practitioners in general. For example, the *Ujamaa* elite viewed the ancestor cult worship, so central to traditional cosmological understanding, as hindering the modernisation aims of government, by preserving and promoting affinity within the extended, clan based families; a role which *Ujamaa* was supposed to provide within the new order. So, whilst it was widely understood that, for practical purposes, healers and village midwives remained active and important mediators in issues of well-being (Swantz M.L.1970:147), in political rhetoric and policy research, government distanced themselves from the broader agenda of traditional practice. Instead they chose to promote the pharmaceutical potentials of its herbal medicines and the primacy of cosmopolitan style health care to the rural populations.

Evolving Perspectives towards Traditional Midwifery

So what has brought about the present international interest in traditional midwifery and healing? Since the early 1970s, ideas mooted the incorporation of traditional midwives into health care programmes have slowly been gaining momentum. The experience of earlier programmes plus a maturing global perspective on health were crystalised in the 1979 World Health Organisation document, 'The Traditional Birth Attendant' published on the tail of the Alma Ata declaration on primary health care. Since then attitudes towards the work of

the traditional midwife, and the interpretation of her place within primary health care programmes, have gradually changed emphasis.

Earlier thought, reflecting the prevailing modernisation models of the post World War II period sought either to deny their existence, as in Uganda (Scotney 1979), or to integrate traditional midwives through government registration and complete retraining. This was viewed largely as an interim measure, bridging the need for health care coverage until full transition to the western medical model was complete (Foster 1978). The inadequacy of that model is now well documented and it is recognised that the hospital based health care provides a poor template for planning health needs in many Third World countries. Furthermore it seems clear that traditional midwives and practitioners will continue to provide a source of assistance in many rural areas, for some time to come (Cosminsky 1973). Emphasis now lies with ideas of long term articulation between modern and traditional provision. This makes an understanding of what is happening at village level central to the sensitive implementation of training programmes for traditional midwives.

King (1986:1) has suggested that the escalation of interest in traditional health practices by the WHO finds a parallel in the International Labour Organisation's discovery of the informal sector in Africa. However Hours (1986:44) in his paper 'African Medicine as an Alibi' is, in my view, rightly sceptical of the motives for this shift in perspective of governments and development agencies. In essence, he views it as a political cop out, a means of relieving themselves of the financial burden of providing primary level health care to rural areas. Nevertheless it is my opinion that the recent global interest in traditional health practices stems as much from a growing scepticism in the West about the primacy of cosmopolitan medicine and the desire to learn from other models (Worsley 1982:345), as it does from the realisation that western health care models are inadequate to address the problems facing many Third World countries. Importantly though, the positive recognition of the work of these practitioners is not synonymous with effective articulation. Evidence from this study suggests that, despite initially well executed training programmes, success

is severely hampered by economic factors which result directly in the lack of follow-up and the provision of equipment to trainees and indirectly by the lack of morale and enthusiasm of local clinic staff (see also Feierman 1986:215).

On this theme, Maclean (1986) asks us to consider the problems inherent in calling for the articulation of traditional and modern practices in health care, not least the resistance of western trained health personnel to recognise the contribution of traditional medicine as valid. Models of health care provision based on mutual respect of valid, if different, paradigms of knowledge are theoretically satisfying but simplistic (Jordan 1980). More research is needed to identify the dynamics of the relationship between traditional practitioners and cosmopolitan health workers, bearing in mind that ideas of mutual cooperation may frequently be overshadowed by the concern for professional control in pursuit of power and the monopoly of knowledge. Indeed, Leslie (1980:194) concludes his discussion of medical pluralism by summarising that it is generally the professional health workers who form the major source of resistance to the rational utilisation of alternative therapies.

Given the superficial parallels in practice, this problem might appear less of an issue in traditional midwifery than traditional medicine. However, popular stereotypes often represent these traditional practitioners as ignorant and dangerous. This attitude is frequently reinforced by the presentation of only complicated cases at hospital following failed treatments in the village (Cosminsky 1976). If meaningful articulation is to be realised these kind of stereotypes must be explored and supported by sound empirical evidence. This calls for a grounded understanding of the dynamics of the decision making involved and a sensitive feedback to health workers and the trainers of traditional midwives. For as MacCormack pragmatically points out,

Why [should] any respected local practitioners want to join the national health service at its lowest ranks. They will be at the bottom of the bureaucratic heap, poorly paid or asked to work for free, given less prestige, the last to be supplied with drugs and in service training. (1986:154)

Clearly the advantages may not always be immediately obvious to those offered the opportunity of registration, training and articulation. In this study the nature of articulation was explored at fieldwork level through episodic encounters between traditional midwives, pregnant villagers and trained medical personnel and through participation in traditional midwife training seminars.

Increasingly over the past twenty years many Third World governments, including Tanzania, have come to acknowledge and attempt to expand the role of traditional midwives, in efforts to formalise a comprehensive maternity service. In Tanzania, the work of traditional practitioners has never been legislated against and, for over a decade now, interest has focused on their role through the introduction of short training programmes (Pederson 1985:43). In these programmes traditional midwives are introduced to simple western principles of health care including family planning. It is envisaged that standards of practice will improve and new practices be introduced, thereby reducing infant and maternal mortality rates whilst increasing the popularity of those midwives that have undergone training (WHO 1979). Within this marketplace for midwives model (Roskell 1988:82), WHO opts for the reliance of consumer choice to recognize the increased efficacy of trained midwives rather than depending on the use of stringent legislation to control the practice of traditional midwives (MacCormack 1986:151).

In 1974 Landy described the traditional midwife as an appropriate culture broker and idea innovator on issues of maternal and child health care. Williams (1986:3) went farther by calling her the "perfect link between health workers and the village". In her work with the powerful Sande society midwives of Sierra Leone, MacCormack (1982:118) describes how the incorporation of cosmopolitan maternity practices via government training programmes are used by traditional practitioners to increase their prestige in the community. My own research with village midwives in Honduras (Roskell 1988:86) showed that, in favourable circumstances, well motivated clinic staff and village midwives can effectively articulate their respective skills.

Whilst programmes jointly funded by the Tanzanian government and UNICEF have, since the early 1980's, provided training for large numbers of traditional midwives nationally, there is some evidence of a growing scepticism about the expense of these programmes *vis a vis* the long term sustainable value of such training sessions in Tanzania (personal communication Matamora 1991). Jeffery *et al* (1989:218) describe similar reservations as a result of their investigation of birth in Northern India. Pragmatically they point out that because *dais* (traditional midwives) are generally older women the benefits of training may be short lived. They question the degree to which they may be able to implement their newly acquired knowledge in practice, and criticize the lack of adequate backup of equipment and payment through local clinic staff. Indeed in terms of achieving development goals of reduced maternal and infant mortality and morbidity, one must pose the central question. How successful or even appropriate are traditional midwives as the culture brokers of cosmopolitan medical ideas about birthing in the village situation? The fallacy of the empty vessel first mooted in 1962 by Polgar continues. As he noted then, "Medical workers who wish to pour the new wine of scientific ideas into the vessels may forget that they are not empty" (1962:174). Part of the confusion about the capacity of the traditional midwife to integrate into western medical programmes has arisen out of a superficial similarity to her western trained counterpart. In fact, the principles on which traditional midwives and traditional healers base their practice, and on which women and their families make decisions about maternity care, may be very different to those of the dispensary and hospital staff.

Feierman E.(1981:403) notes that resistance to coordinating work with traditional practitioners is still met with at local level in Tanzania. She documents the attitudes of hospital staff to the treatments performed by traditional healers. Even at the village level Heggenhougen recognises the potential for conflict between the community health workers, village volunteers trained in simple cosmopolitan health practices, and the traditional practitioners. Describing the problem of power relations between the two sectors he says,

There has been a tendency for traditional birth attendants to look down upon female community health workers, [whilst] some Community Health Workers think traditional healers are backward and superstitious. (1987:49)

From a national perspective MacLean (1986:17) asks us to consider the contradiction inherent in recognising the work of traditional practitioners, for countries committed to ideas of modernisation and development. In fact what we have seen happening in relation to ideas about the provision of comprehensive health cover is rhetoric giving way to necessity as it becomes clear that a dependence on traditional practitioners is likely to continue for the foreseeable future. Furthermore, when people continue to opt for the assistance of traditional practitioners, despite relatively easy access to modern health care facilities, how should this be interpreted (see Sargent 1986:143)? Do families simply fall back on traditional remedies and explanations because of failed modern treatments (personal communication: Mohondwa 1992)? Is this a reflection of the inadequacies of a health service severely overburdened, under-resourced and sometimes corrupt, or is it a reminder that birth can never be fully understood in the purely physical dimension demanded by modern medical practices? In this study I address these questions by following the pathways to assistance taken by women and their families, in what Janzen (1978:1) has called, the 'Quest for therapy.'

Operation Kijiji: The Villagisation Movement

The contemporary village of Fulwe is a particular product of the large scale national villagisation programme, Operation *Kijiji*, which took place in the two year period between 1974 -76.² This programme of rural reorganisation swept through the country as a largely involuntary, centrally organised and politically motivated movement, in the wake of the voluntary, but largely unsuccessful, *Ujamaa* resettlement scheme.

The *Ujamaa* movement was the ideological creation of the first president of an Independent Tanganyika, Julius Nyerere, and was implemented through the

² For a detailed discussion of the history and political economy of the *Ujamaa* and the villagisation movement see Coulson A (1982:235-262) and Hyden (1980).

developing machinery of the TANU and later the Tanzanian Revolutionary Party³. *Ujamaa*, meaning Familyhood in Kiswahili, was founded on principles of a democratic African socialism. Nyerere's government believed that for Tanzanian national development to be sustainable it must be accessible to the majority of the population. He sought to reverse what he viewed as the incipient capitalist relations resulting from the decades of colonial rule. In order to achieve this in a country where approximately ninety percent of the population lived and worked in scattered rural populations (Hart 1977, Coulson 1982:10), they created policies aimed at the politicisation and modernisation of Tanzanian village life. Nyerere was convinced that development in Tanzania should and could be effected from the grass roots upwards. Working with a modernisation model, his government targeted one of the main thrusts for economic and social development on rural areas. These plans included improved access to markets, the development of cash economies and the provision of facilities such as schools, health centres, communal mechanised farming with cooperatives and agricultural extension work.

Ultimately, however, the *Ujamaa* ideology and its policies, set out in the 1967 Arusha Declaration, failed to inspire a voluntary groundswell of support at a popular level. Couch (1987) suggests, that as a voluntary movement, *Ujamaa* failed largely because planners did not take into account the existing socio-economic relations in the countryside. Peasants were unable to anticipate the advantages of villagisation and so, Hyden (1980) argues, were not part of the reforming process. The modes of production of peasant farmers tended not to facilitate government control. The Government however remained committed to the need for villagisation. Thus in 1974, under Nyerere's explicit directive, Tanzania was launched into Operation *Kijiji* (Operation Village), an involuntary programme of social and economic transformation, unprecedented in Africa at that time. During this period 11 million people, nearly seventy percent of the existing population at the time, were moved, sometimes forcibly, into planned settlements (Shao 1986:221).

³ In 1964 Independent Tanganyika was constitutionally joined with Zanzibar and the union resulted in the emergence of the *Chama Cha Mapinduzi* (CCM) Revolutionary Party in 1977, replacing the existing TANU (Tanganyikan African National Union).

Whilst the ideological argument was sound, given the political orientation of the government, in practice the programme was often poorly coordinated and inadequately thought through (Coulson 1982:250). Access to roads became the defining principle for the choice of development villages. Planners failed to anticipate the ecological effects of larger and more permanent communities on the local resources and environment. The ensuing social and economic transformations have had a profound influence on peoples' lives, particularly, according to some sources, the lives of women and children (McCall 1986, Swantz 1986).

The fact that populations were moved into communities larger than were traditionally sustained has had far reaching consequences. McCall (1986:192), for instance, draws attention to the increased walking distances involved in the caring for distant fields, the escalating demand for firewood and the disruption of hitherto balanced ecological systems as a result of the increased population pressure on the land. Early reports of the villagisation process charted increases in communicable diseases brought about by closer living, shortfalls in the water supply and latrine building programmes (Matomora 1990:155). Though seriously criticised for its inadequate anticipation of problems of scale, Coulson (1982) reminds us that, in terms of greater access to social services, with benefits such as increased literacy levels and immunisation rates, *Ujamaa* could be considered a success⁴.

One of the incentives to encourage people into the development villages was the promise of the provision of village health dispensaries. Many were built by the villagers themselves, on a communal basis. These dispensaries are staffed by government trained rural medical aides who have undergone training in general medicine and maternal and child health (Heggenhougan 1984:217, Feierman 1986:215, Hart 1977:179). Because many villages have become accessible by road, hospitals and clinics situated in areas of higher population density are within travelling distance. However, despite the presence of government facilities, traditional healers and midwives continue to serve their communities

⁴ There is evidence that levels of literacy are on the decline (United Republic of Tanzania 1992).

(Heggenhougan 1987). How the introduction of these modern health structures have been accommodated by villagers into the existing traditional notions of assistance for pregnancy and birth are examined later in this study.

Dual Sector versus Continuum of Options

In conceptualising this process, reference is often made to the existence of traditional and cosmopolitan health sectors (Good *et al* 1979). In fact, it may be more useful to look at the range of options for assistance in pregnancy and birth as a continuum rather than a dichotomous dual sector provision. Viewed from the village perspective, this allows for an understanding of the more fluid basis of decision making on the part of the woman and her kin group, and more accurately represents the dynamic nature of roles played by traditional practitioners characterised more by adaptation than either isolation or acculturation (Landy 1977, Foster 1978, Cosminsky 1976).

How useful are ideas of cultural relativism in this context? Are we really considering the meeting of two disparate worldviews by examining the choices that women and their families make in relation to maternity care? Arguing against the idea of mutually exclusive notions of health Leslie says,

Most people have a practical rather than ideological concern for therapy and see nothing inconsistent in using modern and traditional medications together or combining chemotherapy with rituals to alleviate sorcery. (1980:193)

On what basis, then, do women make choices for assistance in pregnancy and birth in a rural community? To take Janzen's (1979) perspective, it has been useful to examine this issue in terms of a wider network of assistance for the woman who is or wishes to be pregnant. Janzen calls this the 'therapeutic management group'. Feierman (1981:353) uses this concept successfully in his assessment of therapeutic options in the area of the Usambara Mountains in Tanzania. His hypothesis, that the multiplicity of health care options in the rural areas is an expression of the failure of any one world view to dominate decision making, makes the consumers of health care pragmatists in terms of choice. This, I think, is a point usefully developed by McClain (1975) in her study of Mexican

traditional midwives where she notes that there need be no contradiction inherent in the utilisation of practices based on different paradigms of knowledge.

At one level, people make choices based on the perceived therapeutic efficacy of practices incorporated in care. As noted in Janzen's work in Lower Zaire, and supported by Feierman's study in northern Tanzania much of the choice of options for care hangs on the outcome of negotiation within the therapeutic management group, who are, and this is an important point, the arbiters of diagnosis. In the context of my own study, an unfolding understanding of village power structures made it clear that it was necessary to work not just with pregnant women, but with all those that contributed to decisions relating to their care and to consider the ideas of causality which underpin these decisions.

The Question of Assistance

To what extent then is the role of traditional midwife a specialist occupational category, rather than a generalised skill accessible to all experienced kinsfolk? Whether villagers seek the assistance of a birth specialist has been central to understanding the organisation and meaning of the birthing process in the community. Clearly this has a real significance for the targeting of development strategies to influence health practices. Sargent (1986:138), for instance, found that among Benin villagers unassisted childbirth was the ideal. Here midwives were called only to assist in cases of complication. Conversely, in my own previous research in Honduras (Roskell 1988:40), most women felt ambivalent towards the event of childbirth, and considered special assistance necessary during each pregnancy, birth and the postnatal period. It was those women that did not express uncertainty who were often called to assist, and who were the source of practicing and potential midwives in the village.

Feierman's (1986:210) findings in his study of indigenous health providers in a northeastern Tanzanian village describes how health programmes frequently target inappropriate groups. He concludes that, because younger women of child bearing age are also at the peak of economic and subsistence productivity, the focus of everyday care of children tends to shift to the elder women and older

children of families. He contends that health projects for women and children are often unsuccessful because they target health education on the younger villagers, and overlook the role of the elderly in childcare. One of the problems with this analysis is Feierman's failure to see the issue over a longer time scale. In Fulwe, for instance, the women of childbearing age start to be peripheral participants in home birthing situations as soon as they themselves have given birth. Within a few years it will be *this* group who occupy these central decision making roles. In these terms, directing scarce resources to these younger women would indicate a degree of foresight.

Unlike the government trained midwife, the traditional midwife seeks her legitimacy from the people she serves. She is frequently characterised as a respected member of the community, who takes reference from the group she serves. In order to maintain ritual efficacy and legitimacy in her work, I would suggest that the successful midwife must sensitively interpret broader changes and accommodate new expectations of the community she serves. As such, attitudes towards and ways of handling childbirth become socially sensitive measures of wider issues such as changing group values and the negotiation of power. Many of these points presume that assistance at childbirth in the village situation is the prerogative of the childbirth specialist. In Fulwe village, where my present fieldwork was undertaken, the call to assist was open to, and indeed expected of all women who had themselves given birth. Assistance was viewed as an ancestral obligation to fellow kinswomen. Where attendance at births is governed by kin obligations, and many women in their lifetime assist small numbers of kin births, how useful are schemes for midwifery training that target small numbers of eminent practitioners? I consider this issue further in the final chapter.

An interesting piece of work by Mongeau *et al* (1961) traced changing practice of obstetrics in the southern United States, over the course of the last century. They concluded that traditional midwifery practice was finally curtailed by the strict implementation of legal codes of practice called for by professional medical experts, thereby resulting in attenuation of the midwife's role. Linked to

this, Homans (1982:231) has expressed the view that it is the values of the politically dominant group that are reflected in childbirth ritual. Her work was based on the evidence from research with immigrant women in Britain, where birth is experienced in hospital and the professionalisation and medicalisation of the society is complete. Where cosmopolitan facilities are superimposed on a community that does not share the values of that medical system, we might expect to witness a disjunction in women's ability to impute meaning to birth. We could, in these situations, anticipate scenes like those described by Kitzinger (1982:196) in a Jamaican maternity hospital where women, ridiculed by hospital staff, struggle to give birth its traditional meaning, through the use of time honoured incantations. Geertz's (1973:142) interpretation of the failed burial ritual is also instructive in considering how rapid shifts in social structure can precipitate ritual uncertainty. When western obstetric models for birthing fail to provide suitable symbols for the satisfactory interpretation of birth, we might expect to see the tenacious adherence to traditional explanations. In these situations women and their kin will continue to turn to the traditional practitioner for at least part of their care, despite the provision of a cosmopolitan health option. Benin women described by Sargent (1986:143), for instance, were prepared to risk the levying of a government fine in order to ensure the assistance of the traditional midwife for delivery.

Birth as a Cultural Construction

In many ways birth, like death, represents the prototypical ritual act, the theme of which is, by analogy, repeated in many other symbolic passages. Lying at the centre of the analysis of birth rituals in this study are issues of participation, privileged knowledge, identity and female and male power. In these terms the event of birth, so emotively charged with personal and communal aspirations, seems to me to be a useful focus for the exploration of shared meaning and the negotiation of changing group values.

From a narrowly western perspective it might be envisaged that ritual enactment takes place within a distinctly spiritual process, that is seen as existing

outside the scientific therapeutic context. This is a dubious distinction given that we might consider science itself as an expression of a belief system based on a post-Cartesian philosophy. On this theme Martin points out,

Metaphorical visions of the body in science can be powerful ways in which ideology is perpetuated. One way they work is by making relations which are social and cultural actually appear grounded in natural fact. (1989:152)

Where a community does not attempt to distinguish between the spiritual and the secular we should be clear what we mean by the term ritual. How can we or should we differentiate between ritual and customary everyday practice? Both are practiced on the premise that they are the right way to effect desired ends within any given world view. Indeed it is through their practice that ideologies are both revealed and their meaning renegotiated. They are imbued with moral imperatives, and as Geertz points out, to those that adhere to the [religious] system such practices, “seems to mediate genuine knowledge, knowledge of the essential conditions” (1973:129). For the purposes of this study I shall conceptualise ritual and customary practice relating to fertility and childbirth on a continuum underpinned by culturally constructed, moral judgments and distinguished by the degree of specialisation needed to mediate the practice.

Birth as a Social Process

Van Gennep (1961:92) was one of the first scholars to focus on birth as a social process. Like other life crises he conceptualised birth as a status transition characterised by physical and ritually symbolic acts of separation, transition and reincorporation, a *rite de passage*. He recognised how the potential physical danger was paralleled by an equivalent social ambiguity and proposed that ritual provided a cultural mechanism for psychological and social adjustment to the event. In this way Van Gennep alluded to the way rituals link the social and natural worlds and are imbued with didactic qualities of transformation. In this case the hitherto childless female is guided by socially defined criteria to the new status of mature woman and mother (Homans 1982:243).

Van Gennep and Levi-Strauss (1968:187) both explore meanings and ritual in birth. Where birth is treated as a purely biological process, denying its social components and compromising symbolic transition, the act is rendered unsuitable to convey other meaning. Van Gennep suggests, without expanding on the idea, that failure to complete circumscribed rituals may be psychologically harmful to the individual (see Homans 1941). Levi-Strauss develops this theme in his analysis of a Cuna Indian birth where the shaman reorders meaning for the labouring woman through symbolic action. The value of analogic thought in influencing the physiological process of birth is a fascinating area of research (and as yet little understood), which invites questions of the efficacy of holistic principles for midwifery care in general (Laderman 1987: 293).

The concept of the birthing process as a period of status transition marked by biological and social ambiguity has informed much of the literature on childbirth customs. Douglas (1966:115), in her work on pollution rituals, shows that in many cases the pregnant woman and her unborn or newly born child are regarded as a source of ritual danger. She interprets this to be a social response to the ambiguous state of the pregnant woman, lying as she does between the status of childless female and mother. Because of this the pregnant woman is often attributed with special, sometimes dangerous, powers. Wilson (1951:94) describes how pregnant women amongst the Nyakyusa in Tanzania are, for example, believed to have the attributes of a witch, causing grain and pulses to diminish if she passes near. The unborn fetus is likened to the python of witchcraft. Indeed should the woman come upon problems in labour or in the delivery of the placenta, others may say that she is carrying both fetus and python and the python is closing the vagina. In my own research in Honduras (Roskell 1988:57), the pregnant woman is attributed with similar dangerous powers of *vista fuerte* (strong vision) and new born babies and young children are protected from the gaze of a pregnant woman, especially a *primerisa* (a woman pregnant for the first time) for fear of being struck down by illness. The literature abounds with examples of this type (Cosminsky 1986, La Fontaine 1972, Richards 1956, Douglas 1966, Kitzinger 1982).

Hence the pregnant woman is conceptualised as transitional in terms of status and by virtue of her ambiguity, in biological and social terms, subject to numerous customary forms of behaviour in order for society to control the powers that she inadvertently possesses. La Fontaine (1986:119) is more specific in relation to her ethnographic work with the Gisu of Uganda. She argues that rituals harness reproductive power to the benefit of men's power which is social not natural, a point that I shall raise again in relation to uncertainty of paternity. By comparison, in this study we will see that some groups of women in Fulwe are equally implicated in ideas of controlling other women. These ideas find expression in the ritualised activities that surround female initiation and birth.

Birth Rituals and Power Relations

La Fontaine (1972:163) suggests that such ritualisation of biological events as pregnancy and birth [and menstruation] emphasise both the creative and destructive aspects of the physical nature of women and that through ritual, society seeks to control it. As La Fontaine reflects, in relation to her own work with the Gisu of Uganda,

Blood flowing from women's genitals is powerful in that it is associated with the natural power of women, their inherent physiological qualities which make them capable of childbearing. (1972:164)

Just how rituals, as expressions of ideology, harness power and for whom are essential questions that will be addressed within the context of this research. Paige and Paige (1981:663) conceptualise reproductive ritual in terms of bargaining strategies between different interest groups, enacted in order to resolve the critical socio-political dilemma posed by reproduction. Foucault advises (1981) that ritual should be analysed in terms of the the genealogy of relations of force, strategic developments and tactics. Considered in these terms, an analysis of the way the birthing process is shaped by social institutions and thought about metaphorically can shed light on a broad spectrum of power relationships as far ranging as those between a woman and her partner, to a community's relationship with its ancestors.

Midwives as Ritual Specialists

Taking up the theme of women as ritual specialists, Paul (1975:449) traces the paths of recruitment to the high status role of indian midwife in San Pedro La Laguna, Guatemala. Her in-depth case studies of the development of the midwife's career, cross cutting the normal roles and responsibilities of the middle aged Guatemalan woman, show how her work is governed by ideas of divine mandate and the possession of sacred power. Similarly, MacCormack (1982:115) stresses the ancestral calling to the role of midwife, but in this case women work as midwives around a closely ordered female cult, the Sande society. Within the hierarchy of the Sande cult, certain women are singled out to undergo apprenticeship, thus assuring the transfer of ritual and obstetrical skills to following generations. In this sense the role is achieved rather than ascribed. The activities and influence of this cult reaches out far beyond the attendance of women at childbirth. These women are viewed, by the community as a whole, as politically powerful and are "towering figures in the village communicating authority and confidence in both speech and body language" (ibid:118). MacCormack suggests that Sande midwives actually enhance their political power through the reputation gained as successful health providers. She cites this as a motivating force for midwives to incorporate new, sometimes cosmopolitan, medical ideas into their practice. The motivation for why traditional midwives should adopt peculiarly western practices in this way is discussed in Chapter Eight.

In Fulwe people recognise that all kinswomen who have given birth are obliged to fulfill their ancestral obligation as birth assistants to their clan. This role is a commonly ascribed but largely unspecialized one. While many women may assist at these births, it is the older clanswomen, the *wakunga wa jadi*, who are thought to be particularly knowledgeable. Like the Sherbro midwives of Sierra Leone, this function is conceptually continuous with the more ideologically central role of the *mhunga*, who is responsible for the ritual insurance and protection of fertility in young female initiands during initiation ceremonies.

Senior women gain a sense of identity and power from their practice of ritual preparation of the initiand and the guidance to delivery of their younger kinswomen. Influences such as formal school education and the opting for hospital delivery are contentious issues which threaten this position and challenge the common routes to power for women, sought through the control of ritual knowledge and practical birthing skills. In contrast to government controlled formal education, knowledge within the traditional paradigm is embodied and conditional upon practice and actual experience. Indeed it may well be because the role of the traditional midwife is so intimately interwoven with issues of family allegiance and broader ritual responsibilities of clan continuity that it represents an elusive target for development strategies concerned with more narrow definitions of health. It is the purpose of this ethnographic study to clarify this picture.

CHAPTER THREE

LIVING BY THE ROAD : THE VILLAGE OF FULWE

Sitting on the verandah of our house, I watch Aidani, the four year old son of my Fulwe companions, playing before me. He and his young friends are building model cars from mud. "*Hicho ni Abood*" (This is the Abood bus] he says, chuckling to himself. His friend is creating a motorcycle with the same attention to detail, wing mirrors, wheels, handle bars. "*Shangazi* (father' sister) take me to town with you", he pleads with me. To Aidani the town and beyond seems full of excitement and possibilities. A passing Abood bus sounds its musical horn, and the children shriek with delight and run to watch it pass.

Stepping from the Road

Fulwe lies on the main transnational highway. To those that pass by at speed, there is little evidence of the movement that pervades village life, of the connections to other places that give shape to many of the actions and ideas of the people who root their existence in Fulwe. In fact, in amongst the trees and hills of this area, spreading out beneath the Uluguru mountains, there is a expanding agriculturally based community of over three thousand people.

In this chapter I will examine some of the ways this connectedness and movement finds expression in the life of the villagers in Fulwe. I start with a description of the position of Fulwe and an overview of historical patterns of the migration that have affected the area. Through a discussion of the activities, composition and organisation of the village population I seek to show firstly, how the modernising influences of villagisation and the construction of a new road through Fulwe have drawn its population into an awareness of the need for cash. Secondly, how the increased accessibility and mobility, made possible by the road, may be perceived as integrative and creative in some cases, and in others, threatening and destructive of an older sense of community.



Plate 1: Fulwe Village showing its relation to the highway and the Uluguru Mountains



Plate 2: Handhoe cultivation in Fulwe

The present day village of Fulwe lies on the main Dar-es-Salaam to Zambia highway. The capital city of Dar-es-Salaam lies 170 km. to the east, and the town of Morogoro 30 km. to the west. Originally only a small hamlet, Fulwe has developed into a large settlement, partly because of the relocation of the transnational highway through local land, and partly as a result of the villagisation programme implemented between 1974-76.

From a geographical perspective Fulwe lies on a plateau, some 3000ft above sea level. While it is thought of by many inhabitants as the 'lowland area', with an abundance of available farming land, this is only in contrast to the adjacent and heavily populated Uluguru mountains. These mountains rise up steeply from the plain to the south-west and give their name to the dominant ethnic group in the area, the Waluguru (People of the mountain, Brain 1969).

The land around the village of Fulwe undulates with hills that are used as both physical and symbolic landmarks by local people. Dindili, the largest of these hills, on the north side of the village, is a government designated forest reserve and covers 1,136 ha. Ukomanga, the other prominent hill in the center of the village, has long since been cleared of woodland and is cultivated twice yearly. Dindili especially, but all hilly, rocky and forested areas in general, have a traditional religious significance for the people of Fulwe, and this will be discussed in a later chapter.

The road, running through the middle of Fulwe, physically divides the village into two parts. Huts, once part of the same family compound, are now on opposite sides of the thoroughfare. In contrast to the older population, the children and young people, born along its length, have grown up with the rapid movement of strangers passing through and occasionally stopping¹. Regular buses move villagers to and from the town of Morogoro and the city of Dar-es-Salaam. Visiting relatives arrive on the local transport, and at harvest, those same buses and passing lorries are loaded with baskets of village-grown produce, bound for the city markets.

¹ According to Fulwe village statistics (1991), 40% of the present population are under 15 years of age.

The region around Fulwe has frequently been described as Uluguru, the land of the Waluguru people (Beidelman 1967, Fosbrooke and Young 1960). However, unlike the settlements of upland Uluguru, the area around Fulwe is not a traditional Waluguru homeland. In contrast to the rather isolated mountain areas, this lowland plain has long been subject to the influences of migration. Indeed it is these patterns of population movement over time and especially since villagisation, that give the contemporary village of Fulwe its heterogeneous character. In this community as many people look to the neighbouring UKutu, UKwere and UZigua regions and beyond as to the Uluguru Mountains, for their place of origin.

Local History of the Area

Because of the proximity of Fulwe to the town of Morogoro, it is likely that there has been a significant movement of people through this area from as early as the beginning of the 19th Century. Certainly it is clear from documentary evidence that the Arabic slave and ivory caravans of the mid 19th Century passed in the vicinity of the villages near present day Fulwe, *en route* from the coast towards the Lake Tanganyika area (Koponen 1988). On his journey in search of Livingstone, Stanley (1872:113) travelled on one of these trading routes and describes the settlement of Mikese (called Mikeseh on the map he provides), which lies just three kilometers south of present day Fulwe.

With these slave and trading caravans of the 19th century came the spread of Islamic religious ideas and material culture together with the language of Kiswahili. These Arabic influences, which originated along the coastal belt of Tanzania, remain strong to the present day. As a result the lowland areas around the Uluguru mountains are largely Moslem communities, who speak Kiswahili in preference to Kiluguru and who maintain strong links to the coast. In Fulwe, for instance, ninety percent of the villagers profess the Islamic faith and many describe themselves as Waswahili² (People of the coast).

² Nurse and Spear (1985:viii) describe the Swahili coastal culture as a dynamic synthesis of African and Arabic ideas within the African historical and cultural context.

By contrast, the Waluguru peoples from the nearby mountainous regions were originally more isolated and were influenced by the European Christian proselytising of the late 19th century. The Roman Catholic mission established its first church in 1884 at Tununguo in southern Uluguru. As in other parts of Tanzania, the early Christian missionaries frequently chose the cooler, and therefore relatively disease-free upland regions to establish their ministries (Beck 1981). Gradually the Catholic Holy Ghost Fathers established Christian schools and health facilities. With the arrival of the colonial administrations, Germany in 1885-17 and then Britain in 1917-1961, formal schooling and a familiarity with colonial institutions was eventually to give these upland peoples the political advantage over their lowland neighbours.

Early travellers to the area around Fulwe describe a tribal group known as the Wakami (People of the dry lands), and differentiated them from the neighbouring Waluguru, Wakwere, Wazigua and Wakutu (Young and Fosbrooke 1960)³. In present day administrative terms however, the Wakami are no longer a separate tribal entity, distinguishable from the Waluguru.

It is difficult now, to discover to what degree the tribal distinctions between these people have been accentuated by the encroaching patrilineal influences of Islam and successive colonial administrations. In Fulwe, for example, people describe their tribal allegiance in patrilineal terms whilst clan descent is traced through women. Historically, Wazaramo, Wakwere, Wakutu and the Waluguru have all shared similar life cycle and communal rituals, patterns of matrilineal descent, material culture and languages. Many describe themselves as Waswahili. Intermarriage was common. Swantz (1970:115) notes that many people living in the coastal village of Bunju trace their ancestral origins to the Uluguru country, and some Waluguru clan names are commonly shared with peoples living in Kaguru country to the west and people living eastwards to the coast (Fosbrooke and Young 1960:45, see also Beidelman 1986:76). In this sense patrilineal and matrilineal influences are both at work in the creation of individual and group

³ Throughout the text the use of the word tribe, and its derivations, is used advisedly as a literal translation of the Kiswahili term *kabila*.

identity. The clan names bestowed on a child at birth are those of the mother and the father clans whereas tribal association is recognised through the father. People in Fulwe say that, in matters of *ukoo* (clan), it is the women who have the strength, a point which I shall return to in later chapters.

During the period of German rule between 1884 and 1918, the region around Fulwe was increasingly developed as a route to inland Tanganyika. According to Young and Fosbrooke,

By the time of the First World War, the Germans were in the process of constructing a road extending from Mikese, on the Central Railway, which would penetrate the southern area. However the road was not completed before the reverses of war forced the Germans to leave the country for good, and the area which was connected with the main railway remains today an isolated region, with considerable agricultural potential. The railroad in the meantime was pushed westward; it reached Morogoro in December 1907 and from this time on Morogoro eclipsed Kisi as the major administrative centre of the region. (1960:26)

Before villagisation and the realignment of the road to pass through Fulwe, its close neighbour, Mikese, had been the focus of settlement in the area. Mikese's position on a main thoroughfare and its subsequent choice as a station on the main railway line had made it a centre for development by both German and British colonial powers. Indeed the train continues to stop in Mikese, but the relocation of the main road, three kilometers to the north, has contributed to the gradual movement of people away from Mikese to the roadside settlement of Fulwe.

The feel of Mikese is markedly different to Fulwe. The derelict tractors and lorries, the disused capoch factory on the railside, and the colonial red post box in the wall of a decaying office, all bear witness to the waves of influence that have been the experience of the Mikese population. The school buildings and health dispensary, built under the British administration in the 1950's, are working, though increasingly dilapidated, reminders of its more dynamic colonial past. Instead, the attraction of the road has made Fulwe the focus for growth and interest by locals and increasing numbers of incomers. By contrast, its ailing neighbour, Mikese experiences a gradual decline in importance through emigration to the neighbouring community.

Problems of overpopulation in the mountains and consequent land shortage have led to a gentle migration of families to the lowlands, in search of more easily available land for cultivation. This has occurred despite peoples' perception that the lifestyle in the lowland area around Fulwe is generally more difficult. The land is recognised as less fertile than the mountain soils, and erratic water supplies are a perennial problem for villagers. Furthermore the climate is drier and less suitable for the wide variety of crops and trees that thrive in the cooler, moister uplands. As a result of this migration to the area, many kin groups in Fulwe still look to the mountains as the origin of their clan, travelling there from time to time to fulfill family and clan religious obligations.

During the colonial administrations these lowland areas were developed for plantation agriculture. Some elderly indigenous villagers still remember rubber plantations between Fulwe and Mikese, which were run by the Germans and later the British. By the time of Independence, the land had returned to bush. Sisal, a popular plantation crop in the period of colonialism and the early years of Independence, attracted many distant migrants to the area in search of waged work. After Independence, in 1961, most plantations were nationalised and many subsequently fell out of production. The existing settled communities of plantation workers and their families were later moved into development villages like Fulwe in the 1970s.

In the late 1960s the road connecting Dar-es-Salaam to Morogoro, and on to Zambia, was realigned. From close to the established village of Mikese, it was moved 3km. to the North to pass through the hamlets of Fulwe and Lukole. Later the Tazama pipeline, taking oil from Dar-es-Salaam to Zambia, was constructed and crossed the road at Fulwe, where a pumping station was constructed. For security reasons a police check line was also built. Thus, when the villagisation programme was implemented in Tanzania in 1974, Fulwe appeared as the pragmatic choice for designation as an official village.

Language

Strictly speaking, Kiswahili is the language of the people inhabiting the coastal belt of Tanzania and Kenya. However, since Independence, it has become the official language of Tanzania and the medium for primary education. One of my reasons for choosing a village in this area was because local people were said to use Kiswahili in preference to their own tribal languages. One need only travel 70 km. farther inland to observe that older people, in particular, prefer to use their own local languages. Unlike these areas farther inland, less influenced by coastal traffic and ideas, most people in Fulwe say, "We like Kiswahili", and speak it with fluency, both inside and outside the home. Furthermore, since at least thirty percent of people in the village originate from other areas, so that the common use of Kiswahili facilitates the integration of distant migrants into the community.

Inhabitants of the village, who have originated from surrounding tribal areas like the Ukwere, Ukutu, Uzigua and Uzaramo say that they are able to "hear one another". In other words their vernacular languages are similar enough to be mutually intelligible. This supports Fosbrooke and Young's (1960:40) assertion that they should more accurately be described as a single cultural group.

Kiluguru (language of the Waluguru people) is, however, frequently heard in ritual ceremonies by medicine men and women and during initiation, pregnancy and birth rituals. In contrast to the mountain Waluguru, it is not the language of day to day life. Young women undergoing initiation ceremonies say, for instance, that in order to receive their meaning these words must be translated for them into Kiswahili. Kikami, the language of the original Wakami people, is never heard spoken fluently.

The Party and Village Political Structures

One of Nyerere's primary aims in the period following Operation *Kijiji* was to politicise and modernise village life. In order to attempt this each designated development village was ordered to elect a village chairman and was allocated a

village secretary appointed from within the CCM Party machinery. A village government was also appointed and separate bodies voted in to take responsibility for specific aspects of village organisation such as education, culture and social welfare, planning and finance, productivity, construction and transport. Within the village, houses were divided into *Nyumba Kumi*, Ten House cells. A member of the group is elected *balizi* (ten cell leader) in order to represent the group's interests at village level and to deal with any neighbourhood disputes. These representatives are frequently older men. During my fieldwork period only one woman sat on village government committees.

If disputes within kin groups cannot be handled by elders in the traditional way, or the disputees are unrelated, villagers are encouraged to seek the advice of the *balizi*. If he fails to resolve the situation it will go to the chairman who may arbitrate himself or refer the case to the village court (Kw.*baraza*). Occasionally villagers go directly to the police station on the outskirts of the village for assistance. Whilst the village political structure remains in place and working, there is a growing sense of disillusionment with its achievements. Many ten cell leaders are reluctant to go for re-election because of the demands on time for meetings that appear to produce limited results. The village government annual public meeting, in the year I was present, was dominated by allegations of local party corruption. Marches on national holidays, designed to celebrate Party solidarity, were once well attended. Now they are attended only by schoolchildren and party officials. Nevertheless many of the early development projects in the village were organised through these party structures. The first elected chairman, a teacher from neighbouring Mikese, took the place of the existing headman. Under his organisation and with the cooperation of villagers, the school was quickly constructed and within one year of villagisation made their first intake of boys and girls for Standard One. An early political enthusiasm meant that communal farming did occur initially. The Party's local womens' group (*Umoja wa Wanawake wa Tanzania*) ran a government sponsored shop to provide villagers with commodities from the town, though suspicions of corruption led to its eventual demise. The interim profits did however fund the

installation of a village milling machine for the processing of maize. Despite constant murmurings of dissatisfaction and innuendoes about the corruption of the village government, in 1992 the village re-elected their chairman to a third 5 year term.

Formal Education

The early emphasis on primary and adult educational needs at the time of villagisation achieved impressive results. Tanzania has one of the highest rates of literacy in sub-Saharan Africa as a result of these intensive programmes. By 1977 Coulson (1982:217) estimated that eighty percent of children of school age were in school. Furthermore the establishment of village adult education programmes meant that 3.8 million adults took a national literacy programme in 1977.

In 1975 there were forty-five children enrolled in the Fulwe village school. By 1992, this figure had risen to five hundred pupils, with equal numbers of boys and girls. With the carrying capacity of the school at only three hundred and fifteen, there is a growing concern about the adequacy of the facilities and equipment for satisfactory standards of teaching. Most of the classrooms have not been maintained. Reading and writing materials are difficult to obtain. Like many other areas in Tanzania, demand for education has outstripped facilities. As a result many children are now taught in morning and afternoon shifts, in order to accommodate the increasing numbers of those enrolling. Adult literacy classes have not taken place in the village since 1990. Furthermore, poor wages and conditions have meant that many teachers are both disillusioned and forced to seek secondary sources of income. Despite an increased demand for education, declining economic conditions in Tanzania have led to a gradual decrease in resources available to schools and as a result literacy levels are dropping for the first time since villagisation.

The influences of formal school education are viewed as largely efficacious by villagers, and the majority of children in Fulwe complete primary level. Nevertheless the anticipated advantages for families must be balanced with the loss of children for assistance in the home, in cultivation and the cost in terms of

cash outlay. Moreover, as I shall show in a later chapter, when maturing girls attend school this can be a contentious issue for responsible elders.

Government Health Facilities

Both before, and since villagisation, people in the area have looked locally to the neighbouring Mikese for cosmopolitan style health care. However, inconsistent drugs supplies and poor equipment mean that most villagers prefer to pay for transport to the regional hospital, 30km. away, rather than make the short 3km walk to the neighbouring dispensary. Likewise, with a perceived serious or recurrent illness, the dispensary is not considered effective. Villagers are aware that even the regional hospital may be unable to provide drugs which should generally be available and free of charge. Nevertheless they say that, at least with an adequate diagnosis, they will be able to obtain appropriate drugs through private pharmacies in the town.

In 1990, the UNICEF Child Survival Protection and Development Programme (CSD) instigated a project to target the health of the under 5's in those villages as yet unserved by their own dispensary. In Fulwe 10 percent of the population falls into this category. Every month, medical staff visit the village and provide immunisation for children and pregnant women. These run parallel to the clinics held by the local voluntary health worker who weighs children, offers limited consultation and makes referrals to hospital (See Plate 6). The health workers see at least one hundred children monthly and the clinic is popularly attended. One of the most notable achievements in Tanzania has been the attainment of nearly universal child immunisation (UNICEF 1990). Despite this, child and maternal mortality remains high (Infant Mortality Rate: 137 per 1,000 births. Maternal mortality 200-400 per 100,000 births. United Republic of Tanzania, Bureau of Statistics, Population Census 1978).

Because I shall be considering birthing practices elsewhere, in this section I shall simply outline the options of care for pregnant women. According to UNICEF, ninety percent of pregnant women attend hospital or dispensaries at least once for antenatal care. In Fulwe most pregnant women make at least one

journey for antenatal care, and only the poorest are unable to save money for transport to a hospital visit. According to the national statistics, sixty percent of births are attended by trained personnel (UNICEF 1990). This compares to forty-three percent in a survey carried out in 1991 in Fulwe village. In 1989 fifteen older village women were sent on a three day training course, as part of the joint UNICEF/government programme for the training of traditional midwives. Because of deaths, ill health or migration, only four of these midwives are now fully active.

Religion and Ceremonies

Ninety percent of the population in Fulwe professes the Moslem faith. The remaining ten percent are Christians. Despite allegiance to these world religions, the majority of villagers also hold beliefs, and practice rituals, relating to *jadi* (obligations to the ancestors). Except for the most devout, this combination of beliefs creates no contradiction in peoples' minds. Villagers do, however, distinguish between the two saying explicitly that *jadi* is not *dini* (religion) and I discuss this distinction more fully in the Chapter Five.

Moslems and Christians cooperate freely in work and as neighbours, and view themselves as mutually tolerant of one another's respective religious affiliations. Nevertheless, it is mainly Christians who perform the skilled and professional roles around the village. These people are frequently indigenous to other parts of Tanzania and do not share in local customs.

The village has one mosque located next to the government Party offices. It is one of the few concrete structures in the village and is understood to have been funded with money from Saudi Arabia. Throughout the village there are several scattered Koran schools, where local *shehe* instruct mainly boys, in the Koran and writing Arabic. These schools are generally poorly attended. There are numerous *shehe* in the village and these men form the core of attendance at the five prayer sessions daily. Large attendances at the mosque are seen only on the days of Id and during the period of Ramadan. Sometimes villagers respond with ambivalence to the exacting demands of their religion complaining, for instance,

that one cannot work in the fields whilst fasting. In fact, for the majority of villagers who describe themselves as Moslems, regular mosque attendance is not a priority. Nevertheless funerals, marriages and *hitima* (periodic gatherings to commemorate the dead) are explicitly Moslem rituals, presided over by *shehe* and carried out according to the interpretations of the Koran.

Jadi is all about the spirits. It is a broad term with a spectrum of meanings. I have already mentioned that people distinguish between religion and *jadi*, but the distinction is often conflated and sometimes contradictory. In the vernacular it can mean simply ceremony, or it may relate specifically to particular ancestral obligations, origins, or clan relationships. While funerals and *hitima* are Moslem rituals, people readily refer to them as *jadi*. Rituals of birth, initiation, and gifts to appease the ancestors (Kw.*kutambika*) are all everyday examples of how people use the term *jadi*. Most significantly, it is strongly implicated in notions of well-being and will be fully discussed in the chapter describing the work of *wakunga wa jadi* (midwives) and *waganga wa jadi* (traditional healers).

On Sundays, the small Christian population, made up largely of transient workers and distant migrants, worship in their different denominational groups. Their divisions reflect the competitiveness of the numerous Christian churches in Tanzania. The Catholic church is however poised for expansion. During my fieldwork period the Catholic church administration designated Fulwe as a suitable site for a large new church. With a characteristic pragmatism, the village government, though composed completely of Moslems, enthusiastically supported its construction. When building began, rumours rapidly circulated the village about the advantages that would result from the arrival of the church. It was anticipated that electricity would be brought to the centre of the village, together with piped water, a health dispensary and a secondary school run by *masista* (Catholic nuns). As diocesan craftsmen constructed the foundations and walls, opportunistic villagers quickly bought up adjacent property, anticipating the material advantages that might accrue to a close physical association with the church.

The Village Population

In describing the ethnography of Fulwe, I make the deliberate point of not referring to it as a product of an encounter with a single tribal group. Indeed to represent the village through such a device would be both misleading and inaccurate. It suggests, for instance, that there might be a overarching perspective based on a single tribal allegiance, and one which is undisputedly shared by the whole community. It would deny the influences of migration, the importance of clan affiliation and the flexible population movement that give Fulwe its heterogeneous character. Furthermore it would underplay the significance of other important distinctions such as age and gender, and an emerging sense of nationalism. While people may invoke tribal identities, this is often done rhetorically and articulated in terms of stereotypes⁴. In fact people have multiple identities. They are simultaneously, for instance, neighbours, parents, clan members and villagers. Articulating allegiance and relatedness is a question of sensitively maximising social opportunities within the existing material and political context of the moment.

Bearing this in mind, the three thousand strong population of Fulwe can be loosely divided into five main groups. When strategically significant, the people themselves can, and do recognise and differentiate between them.

1. Members of the original clan groups who inhabited the small hamlet of Fulwe prior to the relocation of the road and the implementation of the villagisation programme.

2. A second group of settlers from the neighbouring and scattered villages, who share many of the customs, rituals and history of the original families. A large proportion of this group were moved during the villagisation programme of 1974-76, while others subsequently followed to settle with relatives or to marry.

⁴I often heard people in Fulwe say 'the Waswahili are bad people' when referring to their inclination to witchcraft practices. The Masai were described as arrogant and antisocial, people who refuse to bury their dead. Similarly non-Waluguru men described Waluguru women as sexually promiscuous.

3. Those who have come from distant areas of Tanzania such as Songea, Tanga and Bukoba to settle and farm the easily available and accessible land. Some of these families had migrated to the area before Independence in order to work on the nearby sisal plantations in the Morogoro region. At villagisation they were moved to Fulwe.

4. Workers who have been posted to Fulwe through national institutions. These include policemen and women, primary school teachers, oil pipeline, quarry and agricultural extension workers. This fourth group frequently view themselves as a non-permanent population.

5. A fifth component of the population travel from the town and city of Morogoro and Dar-es-Salaam to farm land in Fulwe. They commute regularly between village and town and work with their families or employ local people to assist them in the cultivation of their holdings.

Relative Terms

The word *familia* is a relatively new term in the Tanzanian Kiswahili vocabulary. It is often referred to in official government literature and political speeches. However, in the day to day language of village life it has, as yet, little currency because of its connotations of the nuclear family. In practice, it is the extended kin network, rather than the nuclear family, which has traditionally defined notions of relatedness. When villagers talk about the family, outside of this formal government context, they say *ndugu* or *jamaa*, which refers primarily to their extended kin-based relatives and, by analogy, to those that fall into equivalent notional categories. These may be neighbours, friends, colleagues or compatriots. I suspect that the early weeks of most fieldwork are confused by the way such classificatory terms are used. Nevertheless, discovering these idiomatic uses clears the way to an understanding of the strategy and dynamics of relationships between villagers. In this sense names have a metaphorical quality, positioning people and qualifying relationships⁵.

⁵ Very shortly after my arrival, for instance, the children with whom I lived were told to refer to me as *shangazi* (FZ). This term suggests distanced respect and quasi kinship. Furthermore

In contemporary Fulwe villagers sometimes refer to neighbours as *jamaa*, though they may be unrelated by either descent or marriage. A settler from some distant part of Tanzania may introduce a fellow compatriot as *ndugu*, though there is no direct kin tie between them. Similarly, when a neighbour who has no kin relationship is called to participate at the birth of a friend's child, they may address her as *dada* (older sister). When villagers use these terms in contexts like this, they are making figurative statements about the quality of their relationships. They are using the kinship terms metaphorically. Whilst this kind of usage is increasingly common, in practice, such cross cutting of kin boundaries represents a divergence from received wisdom, for people here say, "*Rafiki mwema si ndugu mbaya*" (A good friend is not a bad relative). This saying was explained to me in the following way. If two relatives were arguing and had fallen out, kin would gather together and the *wazee* (elders) would hear the problem and suggest the solution. They are concerned to find the solution. If two friends argue and fall out, people will just laugh at them and gossip⁶.

Supporting this view, the *shoga* relationship which describes a close nonkin friendship between younger women, is often derided by men. Female solidarity outside of kin relationships is discouraged by men in this way, but nevertheless, provides village women with an important, though informal network of mutual assistance⁷. For example, during periods of illness women may fetch water for a friend's family, and at the time of family celebrations they might assist in beer preparation. By contrast men view similar male friendship relationships as advantageous economic and political alliances. Increasingly then, the physical proximity which once defined kin relationships prior to villagisation is, through time and shared experiences, becoming the tentative basis of newly emerging

implying a brother-sister relationship between myself and Mzee, the children's father, effectively relieved any notion of sexual relatedness.

⁶ Given the political structures that have existed since villagisation, friends and neighbours who are in dispute are encouraged to approach the local ten cell leader (*Kw.mjumbe*) to act as adjudicator. This role parallels the position of the elders in kin disputes.

⁷ For reasons why such relationships might be discouraged see Chapters Six and Seven. See also Vuorela (1987:122) on the motivation of men to maintain traditional relationships of power.

forms of voluntary interdependence. Nevertheless kinship terminology continues to provide the ideological template for association⁸.

Kinsfolk can be mutually dependent across quite large distances. People living in the city and in the village both describe a sense of obligation to share the results of their labours and this is made visible in the movement of kin, back and forth, between residences. The continuing significance of such obligations is evident when certain individuals say that although they would rather not fulfill such obligations, they 'cannot refuse'. However, rather than thinking of these family relationships in terms of structurally defined obligations, I want to suggest that kinship relationships simply provide the framework around which people in Fulwe negotiate strategies for living. They are not indisputable rules but customary guidelines of association. Social organisation based on notions of clan affiliation and blood ties are central but it is more accurately represented here as a potential rather than a prescription for cooperation and obligation. Kin members expect to depend on one another in certain situations, but will attend to particular relationships that promise the emotional, financial or political support desired. Women were quick to point out to me, for instance, that one must birth many children to ensure that, at least, some will care enough to provide for parental old age. Where relatedness through kinship may provide a structure for understanding patterns of interdependence, strategy suggests the dynamic.

One significant indicator of this interdependence between kin is provided by examining the composition of households. In Fulwe this is marked by fluidity and elasticity, perpetually adapting to the demands of the situation. In my own home in the village the number of permanent or semi-permanent inhabitants swelled from five of us, to eight and then ten, over the space of just thirteen months. This pattern, if not magnitude, of change is the characteristic of many Fulwe homes. Older children (over seven years of age) especially, may spend prolonged periods living with and working for relatives in different areas. Birth parents, whilst recognised as such when ordering events like initiation ceremonies or birthings,

⁸ Moore (1988:60) notes that kin relations are claimed, created and invoked in order to formalise or legitimise social relations and may develop quite independently of any biological relatedness.

are not necessarily expected to be primary providers. Rather, the ultimate decisions for allocating responsibility in matters of birth and child rearing traditionally falls to the broader kin group and is overseen by senior members of the clan.

The value of children in forging relationships of association is discussed by Carsten (1991) when she describes how kinship is created through the production and nurturing of children. In the Malay community of Langkawi, characterised by its mobile population, sibling sets are symbolically bound together by sharing the same breast, and later food at the same hearth. When older children move between the homes of others, this idea of relatedness through shared substance can be extended, "one becomes related to the people with whom one shares consumption" (1991:425). Through her examination of fosterage practices she shows that sharing substance is not simply an expression of kinship relations but constitutive of it. In this way kinship may be created between those who are not necessarily genetically related. This practice of fosterage, by both kin and nonkin, suggests the value of children in formulating and consolidating allegiance. The way in which the mobility of children may be seen in strategic terms is described by Bledsoe,

Cultural labels such as kinship and fosterage are best viewed not as relationships that compel future support, but as idioms for making demands and asserting claims with respect to children (1990:82).

In Chapter Seven I will return to a discussion of the strategic value of children as it finds expression in gender relations in Fulwe.

The Village Environment

The central area of the village is densely inhabited and organised around open family compounds, that are linked to neighbours by a network of well-used paths. These homes are bounded by small gardens whose produce supplement that of the outlying *shambas* (small holdings). Moving out from this more established, central area, homes become sparser and are surrounded by larger farm holdings. The average *shamba* plot is officially 1.3 ha. per household though my own

interviews indicate that men and women often individually farm this size of acreage.

Generally those that arrive as recent migrants to Fulwe are given land on the periphery of the village. Land is officially considered government property, administered by the local CCM office, and offered to the householder for a fixed low price. Whilst land is officially non-commoditised and should not therefore be sold for profit, such practices are recognised to exist covertly. Legally the only land rights the farmers have are usufruct. Land is state-owned and people have the right to use and own its products, only while it is actively cultivated. In practice land acquired by individuals is passed on to 'inheritors' who, according to the customary rules and preferences of the particular family, may be men and women.

Shao (1986:234) points out that because of the priority given to road access in the overall planning of development villages, inadequate consideration was frequently given to the suitability of the sites for long term sustainable intensive agriculture and adequate water supplies. In response to these problems, in 1988, laws governing the siting of homesteads in development villages have been relaxed (Matomora 1990). This has legalised the already existing movement of established villagers to the outlying areas, especially during the busy agricultural times of the year. In Fulwe most farmers also maintain their village homes, which are often occupied by other members of the family, such as school children with their grandparents. In this way villagers maintain links with kin and neighbours in the village and access to social services while attempting to overcome the arduous daily journeys between the village itself and their distant farms.

In general, the *shamba* (farm) hut is a temporary construction, though increasing numbers of villagers are opting for more permanent dwellings near adequate water supplies. There are three types of dwelling in the village: mud and thatch hut, mud hut with corrugated metal roof and mud/concrete block houses with metal roofs. The *shamba* dwellings are usually simple thatched shelters (Kw.vibanda).

Most houses in Fulwe are rectangular and constructed of mud and poles, with thatched roofs. Building these is a traditional male skill though women actively assist in the work. Many homes are created around a compound which houses members of an extended family. Earthen floors are the norm and strong central poles support the roof. Traditionally a family dwelling in this area is a semi-permanent structure, with a finite life. Approximately every ten years the hut is allowed to deteriorate and the roofing to rot. Nearby, another site is chosen and a new hut constructed. In the past the materials for the construction of huts were available locally but since villagisation there is an increased pressure on local resources.

The expanding and concentrated nature of the community means that people must now travel longer distances to find the familiar materials. As a result, a thriving business has developed in the provision of these materials. Young men, looking for ways of generating a cash income, walk the long distances involved. For the majority of people in the village, the building of a new hut now requires a sizable cash expenditure for materials.

Whilst the semi-permanent pole and mud hut remains the most common type of dwelling in the village, there is a growing aspiration amongst villagers to create more permanent homes. The corrugated metal roofs are generally the first step. Relative to the money earning capacity of the average villager, these are becoming an increasingly expensive commodity. Frequently the roofing is bought and transported by relatives working in the cities, who are understood to have easier access to cash incomes. Several relatives that I talked to viewed their actions as a fulfillment of their kin obligations as well as a potential future investment for themselves, given the acknowledged financial insecurity of city life.

Within the official village of Fulwe there are a number of permanent cement block residences which house the police and pipeline workers, stationed in the vicinity. In addition there are five shops, the school house, the mosque and the partly-built Catholic church. These, together with perhaps a dozen other homes constructed of concrete, are the only permanent dwellings in the village. There

are a number of large but simple houses in the village that have been designed and built specifically to rent to transient residents such as primary school teachers, agricultural extension workers, pipeline workers and other government employees. The landlords are either villagers sharing the house and using the demand for such accommodation as an opportunity to raise cash, relative newcomers acting as petty entrepreneurs in the village, and occasionally people living in the towns and maintaining accommodation and farmland in the village.

In a community still largely defined by subsistence agriculture, a home constructed of concrete blocks or covered with a metal roof is an explicit sign of the owner's access to surplus wealth, though the converse is not necessarily the case. A common, if tacit, concern amongst villagers is that improvements to individual homes like tin roofing, cement floors or the creation of cement floored latrines and shower areas may provoke jealousy amongst ill-intentioned neighbors or relatives. In secretive asides companions would sometimes tell me that, if they could afford the expenditure, they should always seek to protect the well-being of their family from these people. They do this by implanting magical protective medicines in the entrances of their upgraded homes. To conspicuously display one's material wealth continues to be viewed as unwise, unseemly and provocative.

Water and Fuel Supplies

Reliable water supplies are a perennial problem to people in Fulwe, and to women in particular, who are traditionally the water carriers in this region. Young girls begin to undertake this task from approximately seven years of age. The numerous water stand pipes, marked with dates like 1978 and 1983, are the visible, but now useless, evidence of planned water supplies for the village. Because their original water sources have been depleted, the village pumps no longer function and underground pipes have been broken, silted or removed. Instead people use one of four deep wells sunk near the center of the village. These provide salty water, used for cooking and bathing. For drinking water, villagers depend on local springs, shallow wells or piped water brought ten

kilometers from the Ngerengere River and designed for the use of the Tazama oil line installation. The latter means a two kilometre walk for most women, twice a day.

In the two dry periods, from December to February, and August to September, local sources dry up and Fulwe becomes totally dependent on the piped sources. Then, the two distant water taps provide the only source of drinking water for the three thousand strong population. At these times villagers sometimes resort to drinking the salty water.

For men to carry water on their heads is considered a degrading task by both sexes and is viewed as indicative of family problems and poor kin or neighbour relationships. By contrast, young men make a business of transporting water for sale. Then water is carried strapped to bicycles and sold to the more affluent villagers at market sensitive prices. Some women, desperate for cash to buy food for their families, will also engage in this petty entrepreneurship during the almost annual times of need. In the tired bodies of strong women it is easy to see why water provision for Fulwe is considered an urgent priority for government regional planners.

Collecting domestic fuel is also largely considered the task of girls and women. Wood provides the main source for cooking. Because adjacent forested hills, like Dindili, are Government designated forest reserves, they cannot be cleared or used for fuelwood. Instead wood is generally sought in the uncleared bush land that lies at the periphery of the village. Charcoal is also produced in small quantities, though it is generally sold to passers-by at the roadside. Like water carrying, domestic fuel collection is perceived as the difficult lot of women and is rationalised by the notion that whilst men are strong, women have both strength and stamina. Village women explicitly recognise their uneven share of work in finding water, fuelwood and carrying out domestic tasks, but equally pride themselves on their physical strength and ability to withstand the heavy work.

Agriculture

The country around Fulwe has two rainy seasons; the long and reliable *Masika* from about April, and the shorter and less dependable *Vuli* rains which may occur in September/November. Maximum average rainfall is 860mm. per annum. Because of its proximity to the coastal belt, maximum temperatures can reach 32°C in December but cool to 15.5°C in August. As a result there are usually two periods of cultivation each year.

At villagisation, each village was allocated a communal farm. Individual farmers were also given small holdings. The original government directives for joint cultivation of the 100ha. village communal farm have however been largely abandoned. In practice, individual farmers prefer to organise and make decisions about their own production. When assistance is needed it is usually sought within the extended family or bought from day workers (*Kw.vibarua*) in the village. Both men and women are food producers and frequently work their separate plots, though they may cooperate on certain gender specific tasks like land clearance (men) and harvesting (women). Women are fully responsible for the processing of food harvests. The possibility of two harvests each year means that people in the village are not deeply preoccupied with the business of food storage. Nevertheless the unreliability of the short rains and what people perceive as dwindling crop yields, frequently results in a period of need before the harvest. At these times many villagers become dependent on grain bought via village middle men, from passing lorries.

The main crops of maize and millet, cassava and cow/pigeon peas are usually intercropped, and organic material is left to rot down on the soil surface. Most villagers have no specific knowledge of the role which these practices play in maintaining soil fertility. They remain resistant to ideas of monoculture. Farmers cultivate nearly exclusively by hand. There is one privately owned tractor in the village, however the cost of rental makes it beyond the means of nearly all villagers. Government agricultural extension workers describe most local villagers as resistant to the introduction of innovative methods for farming, such as the use

of fertilizers, hybrid seeds and pesticides. They are critical of their failure to plan for future eventualities.

Local people say they have no knowledge of animal keeping and think of the land as unsuitable for stock keeping. Some families keep a small number of chickens or ducks, but problems with disease and lack of knowledge about their care mean that few are successful in the long term. Fruit trees such as oranges, mango, breadfruit and bananas were planted by some villagers on their arrival in the village, and now bear ample fruit which they may sell to neighbours and other villagers.

At times of harvest, cynical villagers often allude to the influx of opportunistic city dwellers who ostensibly come to assist relatives with the food harvest. "We don't see them at other times of the year, when there's hard work to be done", one elderly farmer complained to me. Whilst it is evident that the population of the village swells noticeably in this period, there is a general movement between the village and the towns throughout the year. Most people in the village have relatives in Dar-es-Salaam and Morogoro, many of whom have agricultural interests in the village. Some give over land to their relatives to work, and subsequently share in the product of their labours. Others utilise the labour of casual workers for periods of less intensive cultivation, returning to live with relatives in the village at crucial times in the agricultural calendar.

Farming and Marketing Cash Crops

Despite an emphasis on subsistence farming in Fulwe, there is a growing interest in the production of cash crops. This interest is motivated by a growing concern to generate cash incomes. The most commonly grown cash crop is tomatoes. Some say this is a young man's crop, which takes much tending and careful marketing to avoid spoilage. Nevertheless, it is the most commonly transported crop, and growers take advantage of the large markets in the neighbouring cities. At the time of harvest, producers and middle traders also set up stalls on the roadside and, for a short time, Fulwe is 'on the map' for lorry drivers wishing to do some petty trading, or for travellers taking advantage of the



Plate 3: Young men selling tomatoes at the roadside



Plate 4: Locally grown cotton is sold to the government cooperative.



favourable prices. Unlike cotton, which is the second cash crop of the area, tomatoes are sold independently and are subject to market forces. Despite the apparent uncertainty with prices, these small farmers prefer to take this risk in the hope of a relatively quick realisation of cash. The resistance of farmers to depend on the government cooperatives which market the cotton, sunflower and sesame crops is understandable in view of the chequered history of the cooperative movement, not only in Fulwe, but in Tanzania in general (see Coulson 1982:148-52).

Local farmers vividly recount the disastrous period of enforced cotton production and cooperative marketing of the early 1980's. Under this compulsory scheme, a proportion of the land of each farmer, normally given over to individual staple food production, was put under cotton. These directives represented a government effort to push subsistence farmers into a more cash based economy. The first year brought a reasonable harvest which was collected in the village by government agents. However, subsequently many people were not paid, and corruption in the cooperative movement was blamed. As a result, in the years that followed, farmers sought routes to avoid cotton growing, preferring to return to growing subsistence type crops and tomatoes which could be marketed directly.⁹

Since 1990, however, agricultural extension workers in Fulwe have been increasingly successful in persuading farmers to attempt to grow cotton again. Immediate payment for produced crops is now guaranteed and forthcoming. Furthermore the decision to grow cotton is a voluntary one and encouraged by unrealistically high prices, fixed by the government. As a result many more farmers are prepared to attempt its cultivation.

The increasing need for cash is seen as an escalating problem by villagers. In present day Fulwe, subsistence activities no longer provide fully for the changing

⁹ See also Vuorela (1987:145) for a discussion of the problems of cotton production and cooperative marketing.



Plate 5: Women in Fulwe selling home-made buns for local consumption.



Plate 6: Women and children attending the village Child Survival and Development clinic for weighing

needs of families. Items such as school uniforms and materials, medicines and clothing, household and farming utensils as well as more staple food items, all demand regular cash outlay. A general shortage of circulating cash means that, for many, opportunities to accumulate cash surpluses are limited and in this situation contingency planning becomes the prerogative of the already more affluent members of the community. For the poorer families in the village, events such as a serious illness necessitating medicines or transport, or an unexpected period of famine, can quickly precipitate a cash crisis.

Women and Cash Economies

Both men and women are actively engaged in farming. They tend to cultivate separate plots and to make autonomous decisions about how land should be utilised. However while women may have access to their own land, the opportunities for them to independently create cash incomes is limited by comparison to men. This is partly because women tend to prioritise the production of food crops for home consumption. Men, relieved of the responsibility for staple food production, feel more able to give over their land to the production of cash crops. Though both men and women may work together on the joint cultivation of these crops, marketing remains a predominantly a male activity. As a result women are frequently dependent on men for cash contributions to household necessities. When such contributions are not sufficient, available or forthcoming, then women must turn to other activities in order to supplement their incomes.¹⁰ Furthermore one fifth of households in Fulwe are women led and many more women and their children live within their parental or kin households as a result of divorce or because their partners work away from the village¹¹. Such arrangements press women to search out the limited ways of earning cash within the context of the village. This usually involves them in petty commercial activities such as the sale of homemade sugar buns (*Kw.mandazi*) and bread, the preparation of soups and beer brewing. In times of acute need women,

¹⁰ See Chapter Seven: Conflict between Partners; Mama Mwanhamisi's Story for a discussion of the failure of a partner to adequately contribute to household demands.

¹¹ UNICEF (1994) village census undertaken as part of CSD project.

as well as men, will undertake work as day labourers (Kw. *kibarua*), cultivating the land of more affluent farmers. Small numbers of women are also starting to independently cultivate small plots of tomatoes for sale, undertaking this work in addition to their subsistence activities.

Women, Sexuality and the Road

Even though women may be involved with cash crop production, this a secondary activity and the participation of women in the marketing of cash crops is not prevalent. Indeed when women attempt to sell produce at the roadside, their interaction with the lorrydrivers and city travellers is viewed with suspicion by older women and village men. Travellers, who stop in the village to barter for produce and to visit the beer clubs, are also often presumed to be looking for illicit sex. Stories of young women being seduced by strangers in vehicles and taken to the city for sex are common currency in the village. Women are frequently suspected of selling sexual favours to those who promise gifts and money. Such men are known as *washefa*, wealthy lovers.

The association of easy mobility, the desire for money, and illicit sex leads to the roadside being perceived as an anomalous place of moral danger for women. For this reason, women are discouraged from interacting with those who are passing through. These transient male strangers, through their association with the road and city, cars and cash, are seen as potentially corrupting and unscrupulous.

Weiss (1993) describes a comparable preoccupation amongst the Haya of Kagera, Tanzania. He notes how, in the male language of gender relations in Kagera, the desire for money and commodities is seen as particularly pervasive among women. Acquiring money is linked symbolically to ideas of speed, heat, uncontrolled movement and illicit sexuality. By contrast, Haya notions of proper sexuality are premised on ideas of the careful control of female sexual potential. As in Fulwe, well behaved women are often described as *mpole* (a slow and quiet one). Conversely, single or divorced women who travel, acquire money and return are represented as using their presumed 'ill-gotten' cash to buy land. Such actions are seen as usurping traditional notions of identity defined through

association with land inherited from one's forebears. In this sense women's access to cash and uncontrolled association with life beyond the village is seen as essentially disintegrative of Haya ideas of propriety and continuity. Moore, citing Obbo's work in East Africa¹², notes a similar concern in the context of women's migration to the city in search of cash-creating work.

Rapid social change apparently raises fears about controlling women, fears which are often expressed through a concern for controlling women's morality and sexual behaviour. Women who are, or seek to be, economically independent run the risk of being characterised as sexually or morally loose. Thus according to dominant male ideology, female migration to towns is not something to be encouraged. (1988:95)

In the same way in Fulwe, the control of women's sexuality and fertility is associated with controlling their mobility, autonomy and their access to cash generating activities at the boundaries of the village and beyond. Such control is justified in similarly ideological ways, but is also countered by alternative views articulated by women themselves. I develop this theme further in Chapter Six, when I discuss the attitude of women elders responsible for the care of young female initiands, and in Chapter Seven in terms of gender relations and ideologies in Fulwe.

Conclusion: Perceptions of Change

According to the recollections of older villagers in Fulwe, people largely reacted to villagisation with resignation, though it was frequently described to me as initially disruptive, in both practical and emotional ways. Many resented having to leave behind the land and trees that their clan families had cultivated through the generations. As a result of the move sacred ancestral burial grounds became difficult to visit and care for. Coulson's (1982:251, see also Vuorela 1987:132) account of the programme describes examples of forcible movement of villagers by the army and the burning of homes and crops. By contrast, people in Fulwe remember a more peaceable, if reluctant move, preceded by visits from government representatives to direct the resettlement. When older villagers discussed the resettlement with me, many cited the accessibility of transport as

¹² Obbo (1980) *African Women: Their Struggle for Economic Independence*. Zed Press, London.

one of the main benefits gained from the relocation. They value the ease of contact with relatives in other villages and the town, which is facilitated by regular bus connections. The cars and lorries that pass through the village are opportunistically hired to transport village grown produce to the city markets. Frequently people in Fulwe prefer to pay the bus fare to visit the better equipped regional health facilities in the town, than to walk the short distance to the smaller health centre in neighbouring Mikese. In this way access to towns and cities made possible by the road, both creates the need for money and represents the means of acquiring it.

The road is, therefore, recognised as offering positive opportunities for commerce and communication. Even then, these advantages must be offset against the seductive attributes of city life which are sometimes viewed as corrupting, and which are seen by some villagers as embodied in the movement of strangers through the village. Young girls and women traders are cautioned to avoid lingering on the roadside for fear of them striking up relationships with unknown city based travellers. Young men who attempt life in the city are seen as doing so in order to escape the hard agricultural work which older people often describe as constitutive of a valued way of life. The road may provide material advantages but, in the minds of older people in Fulwe, such materialism also implies moral danger. As such there is a palpable sense of ambivalence among the older people of Fulwe, regarding the potential benefits that accrue from mobility and accessibility between the town and the village.

Because of the government emphasis on rural development, urbanisation, though on the increase, does not represent a major movement in Tanzania. Instead, village life is the norm for the majority of Tanzanians. Even for those who opt for a city existence, the links with the village remain strong. They return often, and the experiences of village life are immediate. Furthermore, the village sometimes provides a temporary buffer against the difficulties of city life, and the chance to enhance incomes through cash crop cultivation. On the other hand, villagers view visits to relatives in the city and town as offering a rest from the physical hardship of hand hoe cultivation and water carrying, an opportunity to

share in any material success of relatives or to create cash income through commerce. The fluid two-way movement of people between the village and the town is one of the remarkable aspects of life in Tanzania, and one which reflects in and informs the order and meaning of life in the community of Fulwe.

CHAPTER FOUR ON PARTICIPATING

The Fieldwork Encounter

Several authors (Peacock 1986, Hastrup 1992, Campbell 1989) have suggested that the deepest insights may derive from the understanding that grows out of particular experiences during the engagement and encounter within fieldwork. But Clifford (1982:114) is more explicit. He says it is this interpersonal, cross cultural encounter that produces ethnography. During my own fieldwork experience I felt that the most potent and revealing moments frequently came in unsolicited and spontaneous happenings, where I was actively involved in situations over which I had little control. I may have drawn maps, undertaken survey work and open ended interviews during the period of fieldwork, but ultimately these were assurances and insurances. I believe the essence of the work has emerged out of praxis within the encounter. In this sense, using descriptions of fieldwork encounters should not be seen as an authority seeking device (Clifford 1986:13), nor as an 'I was there' story (Okely 1992:5). They are a recognition that the ethnography which I write is the outcome of my own experience. As Campbell has noted in discussing the novelty of fieldwork,

Any such account of novelty reflects something about ourselves, not about that which we discover; or rather, it is a statement about our relationship to that which we discover. It is not *that out there* which is new; it is our encounter which is new. (1989:6)

I have tried, as far as possible, to incorporate specific interpersonal encounters in this account because I want to show how my particular experiences in Fulwe shaped the way I came to understand life there and how my own autobiography influenced the questions I asked and was asked (see also Caplan 1988:10). Furthermore, I want simply to share some of the immediacy and dynamic of the fieldwork experience. As will become apparent in this and later chapters, Fulwe women would condone such an approach, for embodied experience and participation lie at the centre of ideas concerning fertility and birth in the context of village life.

Called to a Birth

One morning, early on in my fieldwork experience, Binti Nyangasi sent for me. She had been called to assist at a birth. With some urgency, we followed a young woman through the outlying farms, to a hut on a rise, about half an hour away from the village. Binti Nyangasi was an elderly woman, who was infamous in the village for her beer drinking. She was also widely suspected of witchcraft but nevertheless, many considered her to be the most knowledgeable midwife in the village. She had, people said, been 'vaccinated' (Kw. *kuchanja*) by her mother with the power to heal.

When we arrived we were sweating. Inside, the hut was dark and long threads of black ash hung down from the rafters above. The fire was smouldering and both rooms were full with the haze of cooking smoke. An older woman greeted us and led us further into the room. It took me a minute before I could pick out the faces of the various people who sat with us. Binti Fundi explained who I was, and that I was her student. She didn't know these people well, and spent a little time describing her reputation as a skilled midwife in the village. She reminded them about her training at the UNICEF seminar saying, *nimesoma* (I have studied). They, in their turn, described their own family genealogies seeking, and finding, individuals in common. Finally we were all satisfied with each others' credentials.

In the meantime the young labouring girl, Anji, lay on the floor. Her older sister, who had led us to her, settled down with us, nursing her own baby. I discovered gradually that the other women were the girl's mother, her father's sister (Kw. *shangazi*) and a neighbour. Her father's sister told us the story of the labour so far. Anji had started with pains in the early hours of the morning, but seemed to be making little progress. Taking charge, Binti Nyangasi drew the girl, up to stand in front of us. Directing her to lift her arms in the air, the midwife scooped ash from the fire and, running her hands down the girl's naked, swollen body, she offered prayers for assistance to the ancestors.

Once this was completed, the talking continued amongst the older ones. They discussed me, and the fact that I was able to eat *ugali* (maize meal porridge) with my hands. Binti Nyangasi talked about her small farm and the shortage of rain. She complained about how people these days failed to acknowledge the difficult work of the midwife, expecting them to work for free. For my part, my mind was preoccupied with Anji. She was again lying passively on an old charcoal sack, on the earthen floor. The 'western trained midwife' in me wanted to feel for the position of the baby, ask her how many children she had already birthed? Were they well? What kind of deliveries had she had? Had she been for antenatal care? Did she have her hospital card? But I persuaded myself that I must go with the flow of events. I had, after all, come to the village to discover how this event was handled. Another hour passed and still nothing more had been done. Eventually my curiosity gave way. I had gone along with the pleasantries of the

conversation so far. I had been interested in Binti Fundi's offering to the ancestors. But finally I asked if Anji had visited the antenatal clinic.

The question was a conversation stopper. With some difficulty and confusion her hospital card was found. It was brought to me, scrupulously clean, in its plastic bag. It was clear that, just as the incantations had little real significance for me at that time, similarly I was the only person in the room for whom the card held any meaning. Sitting on the floor, trying to catch enough light to decipher the words, I discovered that she had already given birth to two children who had died in infancy. I read that she had been in hospital a couple of weeks before, in need of a blood transfusion for anaemia. Her family had been unable to afford blood, so she had been discharged with iron tablets. She had birthed her other children in hospital because, her mother told me, she had developed problems at home.

I told them what the information in the card indicated. Anji's problematic obstetric history concerned me. Binti Nyangasi listened and replied, apparently without interest, that she could not read it. A little later the old women started to discuss moving Anji to the village, where her father had a second house. There she would be near the road. Anji's mother went outside and I heard her discussing the need for a move with her husband. I suspected that it had been my talk of the blood problems and hospital admissions that had precipitated the decision. Had I disturbed the balance of power in the room with the mention of hospitals and blood transfusions?

"We should eat before we travel", suggested one of the women. So the fire was stoked up and after another forty minutes we ate; then, collecting our bundles, we started off along the path to the village. Binti Fundi seemed indifferent to the girl's plight by now. After walking only a short distance, Anji started with a pain. Gripping hold of the walking stick, she lent over supporting herself. Every few minutes she rested and was chivvied on. We were perhaps half way to the village when she leaned over and then whispered that she needed to sit down. Squatting in the middle of the path, the three women and Binti Nyangasi, now more concerned, pulled away her wrap to investigate. I sat behind supporting her, while they encouraged her to push. A woman passerby stopped to enquire and advised us to move her to a makeshift hut a little way from the path. As we laid her down, the other women moved away to sit in the shade of the tree. I sat by Anji, wondering what action they might be planning. I tried to soothe her. At the same time I fought a strong urge to examine her more closely. I had my gloves with me. I could, if they wanted, tell them how imminent the birth was. But I felt I could do little without intruding on the event. Nobody asked for my advice, and I gave none.

Eventually the owner of the hut suggested that we should continue to the village. We travelled another few hundred yards when Anji fell to the ground in pain. This provoked a swell of panic. The consensus view was that the birth must be imminent, and so we moved her off the path, and into the protection of a

nearby bush. A group of women, returning from their farms called over to greet us. When they heard that there was a labouring woman, they came over. They scolded Anji's mother for trying to move the girl at this stage of the labour, and insisted that they get her to the village quickly. "How could you let her give birth in the wilderness? Are you ignorant?" By now Anji was bearing down with force and I pondered how we might move her anywhere.

A few minutes later a man on a bicycle came along the path. When he heard about the predicament, he agreed to take Anji on the back of his bicycle. Within ten minutes, we were in the village. Having arrived, there was no longer any talk of staying there. The situation seemed to have escalated in urgency, and we took her directly to the bus stop. The bus driver, though hesitant, eventually agreed to help. Later that day, in hospital, Anji gave birth to a baby girl.

Reflections

I have chosen to start this chapter with an early account of my involvement with birth in the village in order to introduce a discussion of one of the central methodological issues of the study. If I was to participate in the proceedings, on what terms should I do so? I have already described how my previous experience as a midwife had formed the initial catalyst for my wanting to carry out fieldwork. However, I had not come to Fulwe to act as a teacher of western ideas of obstetrics, or to set up a maternity service, but as someone wanting to understand better how birth was handled and thought about in the village. But how could I, or should I, effect my participation? Was I to deny my own past experiences? Pretend that I had no knowledge of caring for pregnant and labouring women? In the above episode I describe the dilemma of trying to maintain the rather untenable position of the interested but distanced observer. One of the early challenges of the fieldwork experience, therefore, was to negotiate an acceptable identity within the village setting and to sort out for myself the moral and professional implications of withholding knowledge and assistance. In short, to work out how I was to deal with the subjective/objective distinction which forces us to consider those we live with as a kind of commoditised 'other'. I anticipated before fieldwork that my existing experiences of midwifery could be used to my advantage, if I was careful. After all, I had not given birth to a child myself. My experience as a midwife could be my only

claim to knowledge. If I was unwise, it could jeopardise any possibility of participating meaningfully with the women who would normally assist. In this way at least one aspect of my autobiography had become a critical element to reconcile to the fieldwork experience.

Negotiating an Identity

I had hoped to make a casual visit to Fulwe in order to assess its suitability as a research community. On such occasions however informality is not possible, guests should be welcomed properly. The Swahili people say "A guest is a blessing", and the appropriate speeches of appreciation should be made. The *mwenye kiti* (village chairman) had called several of those traditional midwives who had attended the training course to meet me. I suppose there were six of them, and they crowded into the small CCM party office, sitting side by side along the wall.

Our guest, said the *mwenye kiti*, is coming to live in the village and wants to work with the old people, the *wakunga wa jadi* (Kw.traditional midwives). She comes from UNICEF and wants to learn about your work. Inside I cringed a bit. I had not told him I was from UNICEF, in fact I had hoped, and to a degree imagined, that I could engineer some kind of neutral entrance into the village. I corrected his assumption, but events had already overtaken me. In the weeks before, whilst I pounded the streets for my research clearance and multiple copied permits, and as I sat in those hot offices, I had planned my entrance into the village. In the eyes of villagers, I had not wanted to be associated with the hospital or the church, though both these organisations had assisted me with local information in choosing a research community. I had even considered taking the insignia off the door of my rented car that said *Mradi Kijijini* (Village Projects). I had wanted to enter the village with no strings, anonymous. Research etiquette and government bureaucracy ultimately thwarted any such notion. Mama Ndaga, the hospital coordinator, assured me that visiting villages unofficially was not possible. Formal introductions must be made at regional, district and village levels, "Valeria, you are a guest and they are very excited to greet you."

On Mama Ndaga's advice we visited the village with hospital personnel. Villagers quickly labeled me an aid worker, and before I could clarify the situation, the informal viewing visit took on the air of a *fait accompli*. People saw the car and asked me which '*mradi kijijini*' I was working on. The traditional midwives that I was introduced to immediately began to lobby me for equipment and salaries to undertake their work. Despite these misunderstandings, I reflected afterwards on the warm welcome, the enthusiasm of the midwives and on how the village government had agreed to cooperate. I had found my fieldwork community.

Nevertheless, this urge for a kind of anonymity and neutrality, which I persisted in thinking important, continued for a time into the fieldwork period. I had felt originally that had I arrived with the local Padre, in a predominantly Moslem community, I would be labelled as a missionary, come to seek converts. If I arrived as an official government visitor, that I could perhaps be construed as their spy; with the hospital personnel, I would be seen as returning to the hospital to report about the standard of midwifery care following the training course. I imagined that any of these identities might prejudice my acceptance in the village. Somehow, in my naivety, I thought that anonymity was both possible and desirable. I had hoped to construct my own persona, on my own terms.

I believed that by arriving with as few labels as possible would allow me to present myself carefully, and as I wished to be seen. Crick (1992:176) calls such ideas the conscious impression management of what one conceals and reveals. On reflection I might view my strategy as a subconscious effort to elude association with the power of the 'Centre', a point which I shall return to at the end of this chapter. With hindsight, I can feel consoled, perhaps, that others have similarly attempted such flawed strategies (Dumont 1978:53). I can still argue, as I do later, that in view of my research agenda, it seemed wise to play down my midwifery skills. But it was clear, fairly quickly, that the people I spent time with were not prepared to tolerate such ambiguity. I had failed to anticipate that where a vague identity exists, even for a short space of time, it will be quickly clarified on the basis of the stereotypes available. I am not implying that I did not offer

any explanation for my appearance. Nevertheless, the explanation that I did offer, a university researcher wanting to learn rather than teach about birth, did not fall within the experience of many people in the village. White visitors to the village were usually viewed as transitory 'Tanzanian Experts', an expression reflecting Tanzania's colonial past and status as Aid recipients and coined, not without irony, by some villagers. Initially, then, villagers construed various roles for me out of their own experience. In fact, I believe my reluctance to present myself in a well defined role precipitated a good deal of role confusion and uncertainty for villagers.

After arriving with people from the hospital, I made discreet efforts to distance myself from them. Mama Ndaga, the traditional midwife training coordinator informed me that she would visit me frequently to ensure that the village midwives were cooperating with my work. "Do you think that the midwives may think that I am coming to check up on their work if they often see us together, Mama Ndaga?" I intoned with what I thought to be tactful resistance. "No Valeria" was her reply. "The villagers will be reassured to see you with the government people, otherwise they will be suspicious of what you are trying to do. They will think you are a spy." Ultimately, hindered by the unavailability of petrol for the hospital car, she visited me only once. But my concern for her, now unsolicited, attention was not completely without foundation. Several weeks later I met Mama Ndaga in town to discuss attending a training seminar for midwives. Later I inadvertently mentioned this to one of the registered midwives in the village. "So, what have you told her about us?" asked Mama Kaloli defensively.

In her discussion of the nature of fieldwork, Hastrup (1992:117) emphasises the dialogical process involved in the production of ethnography. Quoting Rabinow she says, "In the intersubjective world of fieldwork, both the ethnographer and the informants are caught up in webs of significance they themselves have spun" (1992:119). Whilst the anthropologist seeks to understand new experiences, those that she interacts with are also seeking to position her and understand her. The following passage is indicative of that process, and describes well how those with whom my experiences were shared were not, in Favret-

Saada's words, "prepared to play the game of the Great Divide" (1990:191). If I was to be present, then I must participate.

It was the third month of my fieldwork. I was passing the home of Mama Mwanga, an elderly registered midwife, whom I had come to know. We greeted each other, and after some small chat, she said that her daughter had started in labour and asked me inside to visit her. I remained there throughout the long labour. As the day wore on, word of the labour spread and several older women relatives called in to assist. My presence was unsettling for some of them. Mama Mwanga and Mama Kaloli, however, insisted I stay. At one point, I sat outside the hut, with two of the labouring woman's sisters. Although they were both mothers, they were younger than their sister and so ineligible to enter. "Valeria, Mama Uchungu has a problem, the labour has continued for a very long time. Can't you measure her inside, like they do in the hospital?" In fact she *had* laboured for longer than I would have expected, and I was challenged for the first time to clarify my role in the village; to define for myself and others, the terms of participation. Should I decline on the grounds that it would interfere with my collection of data? After all, I was concerned with understanding the ways birth was handled in the village and had already determined not to take a dominant role. Missionary doctors, working in the region, had advised me that if the village midwives knew I was trained, I would always be deferred to at deliveries 'out of respect'. To avoid this authoritative role, I had played down my own midwifery experience and was already addressing the traditional midwives I had met as my teachers.

Would my intervention undermine the confidence of those old midwives who sat with Mama Uchungu inside the hut? Would I be deferred to at each of the subsequent deliveries? If problems arose consequently, would I be singled out as the unknown variable and blamed for the outcome? A deluge of possible scenarios swept through my mind. In the event my indecision could only have been momentary and I agreed to help. Drawing on my surgical gloves, to those about me a sure marker of *kizunga* (Kw.white people) knowledge, I heard someone say, "Look she wears gloves, like the hospital nurses". Paradoxically, the offering of

assistance, which I had thought to withhold, immediately relieved the deep sense of impotence which I had been struggling with since my arrival in the village. I was comfortable in this active and familiar role. But as I looked up from my examination, explaining what I could feel, I saw one of the elderly midwives cast me a disturbed and quizzical look, "Valeria" she said "we are not your teachers, you are our teacher!" And I remember my rather simplistic reply, "It is true I have some knowledge that you do not have Mama Kaloli, but you also know many things that I don't understand." Nevertheless the air of deception lingered on in the room.

On Participation

Through experiences like this one I learned that, by village definitions, to be present at a birth *is* to offer assistance. It was not unusual for those giving birth to be surrounded by as many as eight or ten women. One woman is chosen to receive the child, but implicitly it is the assistance of all present that will contribute to a satisfactory outcome. At childbirth it is understood that at the height of the drama all will hold the woman. They say "We are giving her our strength."

Given this premium on participation during the process of childbirth, my presence at births and certain parts of fertility rituals had to be carefully negotiated. By explicit *jadi* (traditional) rules of participation, those that are present must be parous women, respected neighbours or kin, who are older than the labouring mother. Unfortunately I was none of these. By the orthodoxies of the traditional or *jadi* view of participation, I was not eligible to attend or participate. But as Bourdieu (1977:9) so emphatically argues, while rules clearly exist, their explanatory power in terms of actions and decision making is limited. By the rules I should not have been present at deliveries or at certain points in fertility rites but I was, at least sometimes. Instead of rules, Bourdieu speaks of strategy. Considered in these terms perhaps my inadvertent association with the power of the hospital was, afterall, beneficial.

In Chapter Five I will describe how people in Fulwe distinguish between the causes of misfortune and illness. It is sufficient here to say that women and men do acknowledge *kizungu* (western) medicine, and the knowledge which it implies, to be effective in some situations. In addition, in Chapter Eight I describe how association with the power which the hospital represents, is actually embraced by some midwives. Note, for instance, how the village midwife in the opening passage, builds on her prestige by alluding to her UNICEF training. Such knowledge comes to represent a form of symbolic capital (Bourdieu 1977:171). It should not, however, be construed that such knowledge undermines existing views. Rather that it is used as a mechanism for enhancing a position of power. This may be through increasing the practical efficacy of individual midwives, but more importantly, this is not necessarily so¹.

Though I spent time with several of the registered midwives throughout the fieldwork period, my relationship with one, Mama Kaloli, gradually emerged as more intimate. Her son called her a hero, courageous and kind, 'Mama Kaloli is frightened of no one.' Indeed her self confidence, willingness to help and gentleness at deliveries had won her a reputation as a midwife of some skill in the village. Of the midwives I knew she was called most frequently to assist. Not only was she the midwife of choice amongst her own relatives, but she was also occasionally called to assist at deliveries where problems were encountered by the elderly women attendants of other kin groups. In the early days of our relationship she was reluctant to commit herself to our association. Sometimes she would call at my house to tell me she had been assisting at a delivery. She had sent for me, but the messenger had been told I was not at home...but no messenger had ever arrived! Several weeks later, however, circumstances arose that resulted in our attending a birth together, and thereafter our working and personal relationship developed.

Crick (1992:176) and Rabinow (1977:28) both describe the reciprocal nature of the relationship between the anthropologist and informant. For the relationship

¹The way in which the power of western medicine is appropriated by certain traditional midwives is fully discussed in the final chapter.

to be sustained the benefits must flow in both directions. But it is often difficult to be certain of the benefits that accrue to the people that are happy to spend time with you. I can never be sure on what grounds Mama Kaloli finally decided to help me, when others were apparently less certain about my presence. What I can say however, is that as a woman of about seventy years of age, Mama Kaloli was both ambitious and self assured. It was evident that, just as association with UNICEF was invoked as an asset by midwives, by extension she felt my association with her added to her reputation in the village. She was always quick to remind those that we visited that she had handled many difficult births, had studied on the training courses for traditional midwives and that she was now teaching me. As the time passed we spent more time together. Slowly she began to reveal her privileged understanding. She would pluck a plant from the wayside and tell me that I was now ready to learn how it was used in labour. In a sorghum field she once called me over and, pointing complicitly to the swollen head of the sorghum plant, tell me "you see Valeria that *mtama* has a pregnancy". When I wrote in my book she complained about the way any youngster could pick up a book in the schoolroom and read about the secrets of men and women. But Mama Kaloli was not a marginal character, viewing her community from a studied distance (Rabinow 1977), nor was she using me as a sounding board to confront personal issues in her own life (Crapanzano 1980). I recognized these traits in other people I spent time with. But Mama Kaloli was firmly at the centre of her community, concerned with its representation and, controlling with diplomatic skill, the knowledge that she deemed I should have. When I left the village to return to Europe her parting words to me were, "Valeria tell the *wazee* (elders) in Europe that Mama Kaloli is the biggest midwife (*mkunga mkubwa*) in Fulwe, and that she taught you all that you know."

The Paradox of Participation

There is an inherent contradiction in my fieldwork project which notions of participation pressed me, as a fieldworker with a research agenda, an experienced midwife and novice villager to address: not only later in the writing, but more

immediately in the act of participation. The momentary hesitation that I described in assisting Mama Mwanga's daughter, hung on the idea of 'contaminating the sample'. The quandary not personal, but to do with some distorted notion of academia and objectivity. But as the descriptions of the births exemplify, such a contrived notion of separateness/distance could not be sustained in practice. As with the other women of the village who were called to assist, I *could not* refuse. The cultural imperative was clear and shared, though underpinned by different notions of obligation and legitimacy, theirs, as I will expand on in Chapter Five, ancestral and communal; mine, personal and professional, but no less a question of morality. Smith-Bowen's fieldwork experience of involvement with her Tiv friend Amara, during her delivery echoes with the same kind of dilemma.

A cool objective approach to Amara's death? One can perhaps be cool when dealing with questionnaires or when interviewing strangers. But what is one to do when one collects ones data only by forming close personal friendships? It is hard enough to think of a friend as a case history. Was I to stand aloof, observing the course of events? There could be no professional hesitation. Otherwise I might never see the ceremonies connected with death in childbirth. (1954:163)

Okely (1975:172) addresses the problem of the subjectivity intrinsic to participant observation methods. She called for it to be recognised, explored and put to creative use, rather than repressed or marginalised. Favret-Saada's (1980) study of witchcraft in the Bocage and Marcus's (1992) experiences with Australian Aboriginal women demonstrate the benefits which can accrue from just such a shift in theoretical perspective.

The persistence in anthropology of perceiving the objective/subjective relationship as one of dualities tends to lead to difficult epistemological either/or representational choices for the ethnographer. In these terms structure becomes opposed to agency. Distanced observations, the paradoxical outcome of the reflexive act are pitted against the subjective embodied experience of the encounter which frequently form the basis for the objective representation. Perceiving this necessity for choice as a dilemma Spencer says:

The reason most often put forward for the habit of ethnographic effacement...is that without it, ethnography will descend into subjectivity and autobiography. This is indeed a *danger* (my italics), but the alternative, the denial of ethnographic presence and the

specificity of ethnographic experience, is equally as dangerous: it substitutes an unchallengeable subjectivity for a challengeable subjectivity (1989 :154).

The problem of subjectivity seems then to exist on two inter-related levels within the total anthropological project. Firstly in allowing affect through participation and secondly in privileging the cross cultural encounter at the point of writing up. Placing the anthropological encounter at the centre of analysis may have a methodological bonus in addition to giving a dynamic, revelatory and experiential quality to the work. I suggest that it provides a way of addressing the problem of verifying ethnographic 'truths' of fieldwork (Clifford and Marcus 1986). How can ethnographic experiences otherwise be authenticated? Can ethnographic facts exist independently or are they intersubjectively created? Can we talk about an empirical reality or must this be negotiated within the fieldwork encounter? By being a visible part of the encounter, can we not at least claim authenticity of the representations we choose to make? Acknowledging that no form of representation can be value free or apolitical must be a recognised quality of the anthropological project (see Marcus 1992:100). Indeed, the act of anthropological representation is itself a product of the western philosophical tradition, with its own political underpinning.

In 'Out of Context' Strathern makes the following observations on anthropological writing,

We typically think of anthropologists as creating devices by which to understand what other people think or believe. Simultaneously, of course, they are engaged in constructing devices by which to effect what their audience thinks and believes. Preparing a description requires specific literary strategies, the construction of a *persuasive fiction* (my italics): a monograph must be laid out in such a way that it can convey novel compositions of ideas. This becomes a question of its own internal composition, of the organisation of analysis, the sequence in which the reader is introduced to the concepts, the way categories are juxtaposed and dualisms reversed. To confront the problem is to confront the arrangement of text. So whether the writer chooses (say) a 'scientific' style or a 'literary' one signals the kind of fiction it is, there cannot be a choice to eschew fiction altogether. (1987:257)

In these terms ethnography is unequivocally about interpretation and cannot be considered either as apolitical or as based on an objectified empirical reality. Geertz (1973:5) describes the analysis of culture not as an experimental science in search of laws, but an interpretive one in search of meaning. The writer creates

the ethnography which is mediated by the intersubjective experience or practice in fieldwork. The corollary of this is, of course, that all those involved in the encounter are simultaneously providing the ethnographer with their own 'interested' and strategic perspectives (Jenkins 1992, Rabinow 1977).

One consequence of treating experience reflexively, of stepping back, is the opportunity to place that experience in its broader context. This 'stepping back' is generally viewed as the objective perspective, of which the act of writing and making a representation is an extension. This shift in perspective should not, however, be conflated with presenting some empirically objective truth, for it is no less subjective. Bourdieu (in Jenkins 1992:50) rejects what he sees as a false choice between the subjective and objective ways of looking at things. He suggests that the distortions created in objectifying social reality can be corrected by acknowledging the observer as a competent social actor within the sphere of practice. In these terms the relationship between the objective and the subjective becomes one of creative dialectic rather than exclusive opposition. Okely seems to support this view for the need to formulate objective criteria and in so doing implies the political nature of the anthropological representation. Whilst respecting the primacy of the native point of view, she recognises that it does not go far enough. In representing issues of subordination, for instance, she says,

[Some authors] argue that if people do not recognise subordination, then it does not exist. Indigenous interpretations are significant: the observation that people appear content and do not see themselves as victims of domination cannot be conclusive proof of its absence. In the last instance the anthropologist has to attempt to formulate more objective criteria. (1991:7)

In making the contextual interpretation, the anthropologist must position the experience which, whilst based on the native point of view, must also acknowledge the wider context of the issues raised and be seen in the light of the writer's own autobiography and research agenda. In accepting this premise I am necessarily drawn to consider the reflexive and autobiographical dimensions of the fieldwork project which recognises the intersubjectivity of that encounter.

Spencer (1989:152) suggests that the writing 'at arms length' may be a tactic of emotional self defence. The action of letting go that objective stance can leave

the fieldworker feeling vulnerable. A feeling which I sought to resolve through stages of negotiation into practice. But meaningful participation in village life emerges only gradually and through with time.

Constructing Familiarity

The first two weeks were spent walking around the village, becoming familiar with my surroundings and meeting people. Athumani, the voluntary health worker, under the village government's direction, accompanied me everywhere. He introduced me to the different types of vegetation, the names of the hills, different parts of the village and to people. I literally met hundreds of people during this short period. The barrage of information that flooded me, also exhausted me. I seriously wondered, at that point, whether I would have the energy to continue for a whole year. Though I had considered looking for a research assistant to help with the work, several people, including my Tanzanian supervisor, suggested that I should continue alone. People in the towns are not keen to spend long periods living the difficult life of the village. In any case I had felt, from the beginning, that if I could manage alone this would be ultimately beneficial. I believed that, by having a sophisticated assistant/translator, I would simply introduce yet another layer of interpretation to the data that I was collecting. I wished to avoid this. With my emphasis on the encounter between anthropologist and significant other as a space for generating meaning, I wanted people to relate to *me* not to a translator. However, I had not prepared myself adequately for the initial psychological isolation that my infantile Kiswahili forced upon me. I was frustrated at not being able to communicate who I was, and I longed for a language fluency to ease the development of friendships. I laughed and joked a lot with the people I met. Humour is institutionalised in the teasing *utani* (joking) relationships of the region (Christiansen 1963) and was something I came to appreciate and enjoy. At least the laughter helped gloss over a deeper loneliness and sense of unfamiliarity.

Doing is Becoming: Embodied Knowledge

Astuti (1994) describes how the Vezo fisherpeople of Madagascar gain their sense of identity through undertaking their everyday customary activities, *becoming* Vesu through their actions. One is not born with 'Vesuness', one acquires it through practice. I want to suggest that by attempting to participate in an active way in the life of the community, the anthropologist strives for that same sense of belonging. Okely has pointed out,

Anthropologists, immersed for extended periods in another culture, learn not only through the verbal, the transcript, but through all the senses, through movement, through their bodies and whole being, in total practice (1992:16).

Reflecting on these vicarious experiences can provide the basis for understanding. Indeed, if, as Bourdieu (1977:91) has noted, meaning is evoked through practice, then, such experiences seem central to any authentic representation that we attempt. Note here, for instance, how my early attempts at everyday chores define my 'whiteness' in the eyes of my companions. The following is an entry from my fieldwork diary.

We went to collect water from a tap this morning, about a quarter of a kilometer away. I had told Mwanaisha, [the woman with whom I lived], that I would like to join in with the household chores. "No Valeria you are not able to carry water, you haven't the strength." I insisted. So we walked together to the tap, passing other women and small girls coming back. Quickly it became apparent that Mwanaisha was right. I could not manage a full bucket, and even half a bucket on the head, left my knees quivering and my shoulders awash with splashing water. We all laughed and it *was* funny. People seem pleased and amused at my sometimes pathetic efforts to master these simple skills, and they like to tease/encourage me, "you're a *mwenyeji* (a local person) now, Valeria." Furthermore, these efforts seem to validate in the eyes of those around me, the explicit and prevailing stereotype that, in contrast to themselves, all *wazungu* (white people) were essentially weak of body. If I suggest things such as carrying baskets of crops or washing clothes Mzee, [the young father of the house], says in a bemused way, "Ahhh Valeria, you are not able."

Eventually I did do most of these things, but I never felt that I escaped the image of physical weakness which, whilst it did battle with my sense of self, also

alerted me to the notions of strength and weakness that help to shape women's ideal images of themselves. To a degree I stood back from all this, and analysed or just wondered. But one day about ten days after the arrival in my new home, I sat before my journal and, physically and mentally exhausted, I sobbed. I remember vividly, even now, my total sense of impotence and frustration. Mwanaisha, pulling back the curtain to my little room, calmed me with tea. She was both bewildered and concerned at such an overt expression of emotion. For I never saw another village woman cry, except at the death of a loved one.

Creating Structures to Deal with Anxieties

During the first month I asked many basic, wide ranging questions. More illuminating though were the questions people posed to me. As Campbell observed during his Amazonian fieldwork, "So often it is the lack of shared familiarity shown through their questions and speculations about the outside which gave me glimpses of a different imagination." (1989:58) People were very curious. How big was my *shamba* (farm) in Europe and what crops did I grow? Were there mountains in Europe? When would I be taking a lover? How many children had I birthed? Whilst the people I talked to worked to reshape and colour their existing stereotypes of European life, whiteness and women, in the process creating a workable identity for me in the community, I came to understand some of the ideas that were salient in the minds of those I talked to. These ideas form the basis of the following chapters.

On balance, my feeling was that by the end of the first month, the people of Fulwe collectively knew more about me and my own lifestyle, than I knew about them and their way of life. Figuratively, we had met each other with a list of stereotypes on an otherwise blank sheet. On my blank sheet I literally began to sketch out the layout of the village. The urge to create, in my mind, some rudimentary sense of structure was overwhelming. Whilst others were busy positioning me meaningfully, I became engrossed in the very objective task of collecting names and numbers. Dumont suggests that such activities are employed as a means of relieving the anxiety inherent in total submersion to a new culture,

It was about that time [early in fieldwork] that, in an effort at compensation, I fiercely began to measure and count and tabulate. The main function was, for the time being, to let me escape from my incipient involvement with the people of Turiba Viejo, from the people I was closest to.....Trying to reduce my anxiety, I was down on interpretation, down on thinking, down on feeling. I wanted facts, facts, facts. The escape was total, or almost (1978:91).

I initially took three tangible paths that seemed open to me at the time. I had started, with the help of the village health worker, to construct a simple map of the central area of the village. Leading off from the main road were many paths connecting the compounds of the different family groupings. I attempted to name and memorise as many compounds as possible to help me recall the people I met, and to understand their relationships to one another. The village itself was divided into seven named localities. I visited each of these areas and decided that to gain an in-depth feeling for the personalities and dynamics of the place, I should narrow down the area of study to the centre where I was living. It was both the longest established part of the village and the most densely populated.

I tried several routes to gaining statistical information about the number of births that took place in the village. The statistics available at the local Party office were incomplete and therefore unreliable. The hospital in Morogoro had a ledger recording births, but this proved both incomplete and not specific enough to trace people who had given birth in Fulwe. The information from the town registrar was also non specific for individual villages.

Finally, I decided that a census would be useful and thus set about with the help of the ten cell leaders to gather information comprehensively about the place of birth and the midwife in attendance. The outcome of the census had the desired effect. It supported the ideas that I was developing through individual discussion, clarifying that many people opted for village delivery and that the role of the female kin at birth was central. Just as importantly, it gave me a short lived *raison d'être*.

I designed a semi structured interview schedule a few weeks after arriving in the village. I had planned to undertake fifty, one to a single family in each ten cell grouping of houses². Ultimately, I formally interviewed only thirty. The

² Since villagisation groupings of approximately ten houses have been used as administrative units.

questions were largely factual and I used them as a way of directing discussion. As time passed the very act of using the schedule taught me about its inadequacies. For instance, considering one home in each 'ten cell grouping' gave little indication of the connections that were central to household organisation within a family compound. Like M.L Swantz (1972) I felt that some people were not happy to be 'written down' or grew weary of the structured questions. I myself eventually felt that they no longer evoked new ideas to me, so I stopped at thirty. But it had provided me with basic data on family compositions and birth histories, and, whilst rudimentary, it allowed me an opportunity for discussion with many families on topics ranging from marriage, size of family, migration patterns to uses of traditional and hospital practitioners.

Working on these interviews, I visited in the village daily. Villagers were largely welcoming, if initially polite. Through time I formed several special relationships sometimes based on neighbourliness, sometimes through offering help with particular problems, sometimes contrived and strategic but most often just through the pleasure of each others company. We enjoyed hearing and talking about one another's lives. Gradually, as I became better acquainted with more people, my language improved and I understood their relationships to one another and something of their personal histories. And *at last* I could appreciate the gossip. I could glimpse matters that concerned people, experience the precariousness of a subsistence way of life, observe how decisions were made and what actions were taken. One year is a very short time to attempt to grasp the social dynamics of even a small community. The early tasks of fact finding had provided a sense of direction through the difficult stages of early language learning and identity adjustment. Gradually, however familiarity and an increasing sense of shared experience alleviated my urge for number gathering and map making. Instead of looking for names of pregnant women in the clinic notebooks, I was introduced to families through a relative, neighbour or friend. This is an important point for unsolicited curiosity about a pregnancy, especially in its early stages, can cause a young mother anxiety. In total I attended nineteen births, mostly with registered traditional midwives. But through village gossip I

came to hear of many more and subsequently visited them. In this way I was able to gather retrospective information on sixty births. After many months, and where relationships were already well established, I asked several people if they would agree to my taping our conversations. A few refused, including staff from the local health centre. Most people agreed, though all were rightly concerned to know details of where "their voices" would be taken and how they would be used. I shall develop this theme in the final chapter when dealing with issues of representation.

A Different Perspective Emerges

Athumani was a twenty four year old local farmer. His family were well established and respected in the village. His role as the voluntary health worker was to provide monthly screening sessions for village children under five. The village leaders had appointed him to 'introduce' me to the village. Athumani's support they assured me would ensure my acceptance into the village. Each day then we visited different parts of the village. People enthusiastically received us to sit and talk. The hospitality shown to guests is a striking feature of village life. In this sense my reception into village life contrasts strongly with Geertz's (1973:412) description of the early indifference experienced in the Balinese village prior to the police raid of the cockfight. Conversely Hertzfeld (1983:152) underlines the importance of not misconstruing friendliness for openness. He notes that whilst politeness expresses warmth it can also, and simultaneously, maintain outsiders at a controlled distance. In the words of one of my companions, "The meaning of Wakami? (local tribal name)...they are the people who have the ability to say words on the outside, while saying other things on the inside. So that the meaning they have on the inside is very different from the meaning they will tell you." Clearly 'impression management' is not a one sided issue in the construction of ethnography.

My early experiences supported this view. Before I arrived in the village for fieldwork, a hospital trainer of traditional midwives advised me that midwives in the area I had finally chosen, were midwives organised on the basis of *ukoos* or

clans. The significance of this clan organisation was not clear to me until after I had settled into the thirteen months of fieldwork. I had been told by hospital staff and initially by village leaders that there were fifteen midwives in the village. They had been identified and undergone a short course, as part of a UNICEF training programme for rural traditional midwives. Of the fifteen, three had since died, several had moved temporarily to the town and others were simply no longer active. I was then under the impression that the remaining midwives were specialists who served the whole village. The family, whose home I shared, were the first to suggest an alternative view. The young mother Mwanaisha, whilst hesitant, told me that a midwife was chosen on the basis of physical proximity. Initially I interpreted her reluctance to name particular individuals, as an unwillingness to reveal midwives who were practicing but unregistered. In retrospect I recognise many of the things she suggested in those early days were valid, if rather simple, interpretations of the picture I was to see more clearly myself later on.

Before going to do fieldwork in the village I had prepared myself for the possibility that villagers might be reluctant to identify their traditional midwives and healers to 'outsiders'. Kendall (1981) sees this as a reflection of the suspicion that sometimes exists between traditional and western practitioners. Traditional midwife trainers, whom I worked with, explicitly acknowledged a history of ambivalence between traditional and hospital practitioners inherited from the colonial period.³ In an effort to overcome such tensions trainers had adopted an overtly sympathetic and conciliatory attitude towards these elderly practitioners during teaching sessions. To a degree the diplomatic work done by them had eased my introduction to working with the registered traditional midwives. Indeed the steadfast attentiveness of these traditional midwives towards me during the early weeks, and their insistence that they were the only midwives (*wakunga wa jadi*) in the village, effectively obscured alternative views. Gradually a different perspective began to emerge.

³ See Chapter Two for a discussion of the problems encountered within these relationships.

Within the month I had learned that there were many more than these registered midwives active in the village. In fact, as I asked around it seemed that most older women had assisted in delivering children. "Have you delivered (Kw.kuzalisha) any children Mama Mponda?", "Oh yes many, many children", "About how many?" I had asked, "My five grandchildren" she had replied proudly. Finally, I approached the village chairman and secretary. I suggested this alternative view. Smiling, they explained. It was the case that most old women would be involved in the birthing of their kin, at some stage in their adult life. Three years before, at the time of training, fifteen had been chosen by the local government to undertake the UNICEF training. These fifteen had been chosen from a list of approximately four hundred names, drawn up by local ten house cell leaders in the village.

Creating a Distinction

On discovering that there were many women assisting at delivery in the village, I made a point of asking women, at points in our conversations, if they had assisted. Most agreed they had. Others qualified this. They said that though they helped, they were not *wakunga wa jadi*. It soon emerged that the differentiation was made, not only in recognition of those who were most experienced, but also between those who had undergone the UNICEF training and those who had not. Indeed my interest in traditional midwives appeared to be exaggerating the distinction, as I was to learn through the following events.

I was visiting Athumani's family. As I talked with his sister and mother, an old man approached me. They had a *shida* (issue) with me. His daughter had given birth but she had developed a problem birthing the placenta. Would I come to help. I suggested we should find a *mkunga wa jadi*. I was curious that they clearly did not know who to approach. The people to whom I had been talking suggested going to see Mama Mwanga, who lived close by. We went to her, but she said she could not come and directed us to my neighbour's house. Amina, a thirty-eight year old mother of four, was reluctant. We told her that Mama

Mwanga had suggested her. She was not a registered midwife, but having undertaken some elementary health care training she did, on occasions, help.

When we arrived at the house we discovered that the baby had been born premature and stillborn. Inside there were neighbours and the mother and grandmother of the girl. The baby's body had already been removed and the girl sat upon the earthen floor. Amina asked me if I had any gloves. I gave her a pair and she proceeded to withdraw the placenta without any problems. We offered our condolences and left. The next day a messenger arrived at my house to say that the village chairman wanted to speak to me. When I arrived there were three others, Amina and two of the elderly registered midwives that I knew from my visits around the village. The two elderly women were very disgruntled. The *mwenye kiti* (chairman) mediated between us. They had heard that I had gone with Amina to a birth the day before. Had I not realised that Amina was not a *mkunga wa jadi* (traditional midwife)? She had not gone to the three day training seminar at Bigwa. The elderly women complained that when I had been called to the birth, I should have chosen one of the registered midwives.

I explained that the choice had not been mine but that we had followed the advice of other villagers. Since the beginning of my stay in Fulwe these elderly registered midwives had effectively persuaded me that only they delivered. Even when I put it to them that other women claimed to deliver, they argued that these others were not *wakunga wa jadi*. The only real *wakunga* were those that had undergone the training, those that had travelled to Bigwa.

Through discussion and the sharing of two or three large cups of local beer, the problem was eventually alleviated but the irritation towards Amina, for usurping what they perceived to be their role, lingered for some time. As a result Amina was rather anxious not to respond to requests from villagers for assistance, especially if it meant attracting attention by summoning me to accompany her. However, the next day Amina was called again to attend a birth. I was nearby, and she came to find me. "Valeria I cannot go, those *wazee* (elders) will be very angry with me. We must go to find them now." We arrived at the compound of one of the old women. It was getting dark by now and the old woman who had

challenged us for our cavalier behaviour the day before, now said she couldn't help. Her eyes were not good and she could not travel about at night. She sent us across the way to a second registered midwife. Binti Nyangasi also refused. She had heard, she said sarcastically, that Amina was starting to take deliveries. She implied that she was becoming overambitious. No, she couldn't help, she wasn't well. She sent us to a third registered midwife. We relayed the stories of the refusals to this third *mkunga*, and eventually she agreed. Relieved, Amina left me with Mama Kaloli. In this way Mama Kaloli and I were tentatively launched into our rather unorthodox partnership.

The transgressions that I describe above are indicative of my early ignorance of the relationships of power that shape the positions of many elderly women within the community. It was through such unorchestrated experiences that I came to appreciate their nature. How to participate appropriately was perhaps a matter of trial and error at the start of fieldwork. Being denied the opportunity to participate or by being chastised for participating incorrectly can reveal as much about the dynamics of village life as whole hearted and unchallenged involvement.

It is worthwhile, I think, to consider Favret-Saada's (1990) concerns with the process of participation in fieldwork and its representation in ethnography. For her participation must be active, and the fieldworker prepared to be affected by that participation. In her own research on witchcraft practices in rural France, she describes how it was only at the anxious point at accepting affect that understanding was forthcoming. Only at that point was she considered eligible to understand.

One point which Favret-Saada's critique fails to address, however, is the whole issue of eligibility for participation. She represents the step to active participation as a relatively unproblematic matter of volition, of accepting affect. By comparison, in my own fieldwork, it was at points of exclusion, as much as the at times of condoned participation, that insight was forthcoming. Certainly where my enthusiasm to participate provoked dispute amongst the different parties involved, as was sometimes the case in my involvement in initiation,

pregnancy and birth events, there were real opportunities to observe the dynamics of power relationships and sources of legitimacy for accessing specific types of experience and knowledge. At points in this thesis, I have used these experiences positively to explore issues of knowledge, power and experience whilst at the same time using them as explanations for how I was able to draw these conclusions.

Resolution of a Kind

Choosing birth as the focus of my study was to choose an area of village life that is not easily accessible to the outsider. It is an area of intimacy and privacy, a focus for kin commitment and concern, and it is all about participation as I learned over time and through eventually sharing these concerns. Indeed, the theme of participation in fieldwork finds a parallel in the way birth is handled and thought about in the community in which I lived. In a very immediate way the urge to be of assistance is profound. Through the process of coming to participate, and sometimes being denied that privilege, I learned the criteria for participation. Tentatively I came to appreciate what participation at births, and related practices, represents in the minds of the community. What should be made clear is that the experiences that I have described above were, for me, the outcome of the extended period of negotiation which could only have been possible by approaching the project over time and through the anthropological fieldwork method. This emphasis on the time span of the project is important in that the significant relationships emerging in fieldwork were constantly being redefined through and within the experiences shared⁴.

I opened this chapter with a story describing the predicament of participation. I posed the question of how I was to meaningfully participate in the light of my own previous life experiences. In other words, how was I to reconcile my knowledge and understanding to our shared experiences? I viewed

⁴ Bourdieu (1977:9) notes that "The detemporalising effect that science produces when it forgets the transformation it imposes on practices inscribed in the current of time ...is never more pernicious than when it is exerted on practices defined by the fact that their temporal structure, direction and rhythm are *constitutive* of their meaning."

this problem as having strategic as well as epistemological implications for the production of this ethnography. With hindsight, I should perhaps feel gratitude to the village chairman for mistakenly (?) forging my fledgling identity as a UNICEF representative. I might have had more respect for his understanding of his own community, and their perceptions of a foreigner like myself. In effect what he offered me was a locally acceptable role within the context of the power relations implicit in the relationship between western and indigenous notions of well-being. The fact that I chose to eschew it was a function of my own misconceptions about the attitude and understanding of local people towards the conditions of their existence.

Missionary doctors warned me against revealing my midwifery skills because 'out of respect' people would defer to my assistance. It seems that what they really meant was 'out of fear'. In these terms the power of the western practitioner is generally recognised in the intolerance of other ways of doing and understanding. When I reflect on my urge to examine Anji's body for the 'signs of progress', I am reminded of the 'clinical gaze' that Foucault describes as a grand metaphor of the medical establishment. The objectifying of the body as a way of deploying power and control over society (Radley 1994:25). I might be politically satisfied that my resistance to acquiesce to such an act was some indication of my ambivalence to harnessing the symbolic power which such a view represents. Ultimately, however, village people are pragmatists in terms of assistance. Embracing my practical skills, on their terms, presents no contradiction from their worldview. For, unlike myself, they do not see such choices in terms of an either/or cosmological challenge. More pivotal to the issue of my acceptance was the fact that the assistance which I did offer was ultimately given in a way that respected the existing relationships of power that prevailed within the locality. Indeed, it was village people themselves who resolved my personal, moral and epistemological dilemma for me, by teaching me how to 'live well' amongst them. In the following chapters I explore the understanding that made this a possibility.

CHAPTER FIVE

MOUNTAINS, MIDWIVES AND METAPHORS OF MISFORTUNE

Introduction

In this chapter I shall be discussing the ideas and metaphors used by village people to think about episodes of misfortune, especially as they relate to issues of fertility and birth. When problems occur, how do people employ these ideas to make sense of their situation, and what actions do they take to remedy the problem?

Recognising the cosmological categories that people use to think about misfortune is however, only part of the problem. Of equal importance is an understanding of the dynamics of the decision making process. Data collected retrospectively and through participant observation during women's pregnancies and birthing show that clan elders are significant decision makers and the primary arbiters of diagnosis in these situations. But what factors influence the way these elders perceive the problem? Why, for example, given a similar problem, will one group suspect the cause of misfortune to be an act of witchcraft and another perceive it as the will of God; one group opt for the help of the traditional healer and another for hospital assistance? In this chapter I shall show how specific clan dispositions orient decision makers, and how particular metaphorical ideas may gain saliency over others in specific contexts.

Walking up the Mountain: Moving towards a Different Cosmological Understanding

I have argued in the previous chapter for the recognition of fieldworker participation and personal experiences in the formulation of ethnographic understanding. Specific experiences can act as watersheds of understanding. Sometimes, as fieldworkers, our activities in a certain situation can provoke unexpected reactions from those around us; reactions that can be enlightening,

raise questions and direct the course of further enquiries. The following story was just such an episode. Innocently enough executed and unexpectedly provocative, such episodes can launch one into new and different imaginings.

One day, after I had been in the village for several months, I decided to walk up Dindili. Dindili was the mountain overlooking the village, which rises up steeply from behind my home. For some time I had felt the urge to go there. It was an simple act of diversion really, a desire for a solitude and freedom that seemed elusive in my village life. I had hardly set off when I met an old man called Mkunguzi, on the path. As was the custom, we greeted one another and he enquired where I was going. When I told him that I was going to climb the mountain, he asked to accompany me, to show me the way.

On my first day in the village Mkunguzi had brought a chicken to the house. It was a gesture of welcome. At that time I could not have realised that this was a gift which he could ill afford. He was, in fact, an unusual and rather marginal character in the village. He lived alone impecuniously, in an makeshift hut at the edge of the mountain. He had never married. He had neither family nor farm in Fulwe and survived by taking on day jobs around the village. If villagers had a broken tool or utensil, Mkunguzi would fix it for a few shillings. Many people, including myself, patronised him with small gifts of money and clothes. His mild manner and willingness to assist meant that villagers largely tolerated his anomalous situation.

I was not really surprised, therefore, to find myself walking alongside him on the mountain path for, within the shared reality of the village, we were two marginal characters walking together. As we climbed through the bush and on into the woodland he explained to me the names of the trees and vegetation and pointed out features on the landscape below. When we reached a highpoint we found a rock and sat down to survey the scene below us. He described the animals that could be found in the wilderness beyond and promised that one day he would take me farther inside the forest. While we sat, we talked a little about our homes and distant families but mostly we simply rested quietly, watching.

Eventually we started to make our way down. The walk, and the view from the mountain, had left me feeling exhilarated. Seeing the village from high up seemed to offer me a different and literally new perspective. It was as if, by physically moving beyond the boundaries of the village, I was escaping the obligations and expectations of my daily life there. I could allow myself a respite from the constant participation and take refuge in a more distanced and objectified perspective. There was a mild sense of relief. In those early weeks I frequently felt myself to be the centre of speculation and the focus of commonplace but apparently unending curiosity: "Where have you been? Who are you going to visit? What do you have in your bag?". Sometimes I felt unjustifiably irritated and exhausted by this perpetual flow of questions, for I recognised that they were only the equivalent of my own frequently more probing and personal questions. But up here on the mountain, there were no questions, only quiet contemplation, open space and virtual solitude.

I discovered later the same day, my hike up the mountain had not gone completely unnoticed. As I talked with a young woman friend in the village, an old lady passed us and I greeted her respectfully, as a young person to an elder, "*Shikamo, Bibi*". She glowered at me suspiciously: "*Habari za Dindili?*", (So what's the news from Dindili?) she enquired knowingly. I was vaguely surprised that she knew about my walk, for we had not passed anyone on the paths. "Wonderful....I decided to walk up to look at the village from high up. It was very beautiful, like a map." She surveyed me circumspectly and with apparent disbelief.... "We know you go there *kuzalisha simba* (to deliver lions)".... I was puzzled "What do you mean Bibi?", but she simply looked at me disapprovingly, turned and continued on her way. "What do you think she meant by that?" I asked my friend. "Oh Valeria, she's just an ignorant old woman, don't pay any attention to her."

In my imagination, my mountain sojourn had meant freedom, solitude and an opportunity for unimpeded reflection; but to this old woman, was it really a journey to deliver lions? Her comments intrigued me. I asked Mzee, the man whose house I lived in. He dismissed it casually "*Valeria anakutania tu...she is*

just teasing you". Perhaps she had been speaking in jest, but her intention had seemed curiously serious to me. But he just laughed. The next day I saw Changanya, the village chairman, and I related the story to him. He had already heard that I had climbed Dindili, "It is not the place to go, Valeria. It is dangerous in the mountains. The *mashetani* (the demons spirits) live up there, in amongst the trees and rocks. There are snakes and many dangerous wild animals there. It is not a place to wander." But he laughed at the remarks of the old woman, "She is teasing you!".

It seemed that people were either unable or unwilling to explain this woman's comment to me. It was not coincidental, I think, that it was another outsider that provided me with a fuller explanation. Mchomvu, a school teacher from Kilimanjaro, was my neighbour and had lived in the village for several years. His body was twisted from the effects of scoliosis, which frequently made him the butt of unkind comments. He had apparently learned to deal with these comments, not through anger, but through the development of a kind of distanced and analytical attitude to life. He was a formally educated man and a natural philosopher and, like me, he was an incomer. Furthermore, as a teacher, he understood my academic motive for seeking to grasp the meaning of this woman's 'ignorant' ideas. Where others hoped to defuse and dismiss the meaning of this woman's words through the device of the joke, Mchomvu helped me to share the joke.

I told him my story. He too smiled, but he offered me this interpretation. "She *is* teasing you Valeria, but she is also frightened of you. She is saying "that *mzungu* (white woman) has strong medicine." "But why would she think that?" I asked. Again he smiled and looked at me bemused. "You know Valeria, that about thirty percent of the people that you spend time with are witches! Well, maybe ten percent...That old woman is saying, 'If that white woman is a midwife why isn't she helping people in the village. Instead she is going to the mountain to deliver *wadudu*' (lit:insects but in the vernacular wild animals). They do not understand why you are not helping them. It is because you are associating with

certain *wakunga wa jadi* (village midwives) that people are even more suspicious. They are saying that white woman is working, eating, even going out at night with people that are suspected witches. She must have very powerful medicine to protect herself, powerful enough that she is not afraid to venture into the mountain and deliver wild animals.... Valeria some people here are very ignorant." I should point out that others had, what was to me at least, a much more mundane explanation for my wanting to live in the village. I was writing a book to sell to other white people, in order to make a lot of money.

But, in essence, how different are these two explanations? Do they not both refer, through different metaphors, to the harnessing and exercise of power through the control of knowledge? In some imaginations the source of that power may be supernatural, *jadi* or medicinal knowledge, in others the symbolic power of the written word. When I go to the mountain ostensibly to deliver lions, as when I leave the confines of the village to visit the staff of the local hospital, am I perhaps seen as tapping into other sources of power? Sources of power which lie beyond the control of the village and villagers¹. In this sense the town, as a place of potential power and moral ambiguity, becomes the metaphorical extension of the mountains and bush (See also Abramson 1987:205).

The ambivalence, or even irritation, felt towards my ambiguous activities by some factions of the community in Fulwe, is transparent in the possibly pernicious comments of this old woman. If I had come to the village as a 'western midwife', why was I not performing that role? Other elderly women had already complained to the village chairman that if I had come to work with those traditional midwives (Kw.*wakunga wa jadi*) why was I so interested to know the secrets of the female initiation? The irony for me was that whilst the links between fertility rites and birth were commonsense to every adult woman in the village, for me as "hospital *nursi*" such an interest was not considered a legitimate concern. Clearly, in their experience, hospital midwives were not, and

¹ Beidelman (1993:29) describes how the Kaguru similarly fear outsiders because they are unknown and uncontrollable, hiding their true feelings and intentions through the use of an alien language.

perhaps should not be, interested in these wider, complex issues of fertility, so why was I?²

Especially during the early stages of my fieldwork this role confusion engendered a sense of uncertainty and discomfort in me. More importantly, however, this was equally so for the 'anthropologised'. Such uncertainty can provoke fear and suspicion in some of those around us. There was little doubt in my mind, for instance, that some villagers suspected me of practicing witchcraft. Indeed it is on the occasions when people articulate these fears and suspicions that a different understanding can open up before us. What was I doing on the mountain? Why was I associating with women that were seen as witches? Why did I want to know the secrets of initiation? By following up some of these questions I find myself emerging into another kind of imaginative discourse.

Mountains, Animals, Trees and Spirits

Why should my visit to the mountain have provoked the response it did? What did the mountain represent for the people in the village? One of the earliest and most common questions that I was asked when I came to Fulwe was, "Do you have mountains in Europe?". Both adults and children frequently asked me this. It was the unexpected nature of the question, plus my experience on Dindili, that drew me to wonder what the significance of mountains were for people in the village. It seemed that if mountains had somehow been absent in Europe, as many suspected, then this would have explained some essential difference that existed between us. So what happens in the mountains?³

The mountain of Dindili dominates the scenery in Fulwe. Its status as a Government forest reserve means that it has remained uninhabited and covered with trees. These characteristics contribute to its recognition as a physically and spiritually dangerous place. By contrast the smaller promontory, Ukomanga, is

² For a fuller discussion of the issue of my evolving search for a meaningful identity amongst villagers, I refer the reader to Chapter Four.

³ Leinhardt's conversation with a Dinka tribesman evokes a similar point. "Once whilst discussing a different matter, I mentioned English owls, and was asked at once, 'What, are there then witches also in England?', to which somebody replied: 'Of course, witches are everywhere.'" (Leinhardt 1951:318)

drawn into the mundane daily experience of village life through the biannual cultivation of its slopes. But people do enter Dindili occasionally, although because collecting firewood from the mountain is explicitly illegal, it is only the bold and cunning who cut down trees. More often when people do enter Dindili, they do so with specific intentions which reach out beyond the simple material needs of life.

The mountain, with its trees and rocky outcrops, is perceived by the majority of villagers to be the home of natural and ancestral spirits, and the place where many ritual and healing plants (*Kw.miti shamba*) and trees are found, and transformed to medicine in the healers hands. In deliberate contrast to the village, Dindili is described as *porini* or uncultivated wilderness, and is thought to be a place where wild and dangerous animals roam. Indeed, spirits are sometimes thought to move about the forest in the guise of animals such as snakes, and lions are thought to act as witch familiars (Swantz ML 1970:227).

The mountain is the place of spirits and transformations. In specific places in this wilderness, and among the trees, the dead are buried in clan graves and subsequently make their journey to join the spirit world as the *mizimu* (ancestral spirits). In a transformation of a different kind, young boys are made (classificatory) men in the temporary initiation camps that are constructed in the wilderness of the mountainside⁴. Some of those I talked to described how witches may wander here, talking and communing with wild beasts (See also Beidelman 1993:29,183).

People understand that particular trees, often *mbuyu* (baobab) and *mgude* (steculiar), and the large rocky places which exist on the mountains, are the hiding places of the *mashetani*, the demon spirits. These demons, both numerous and varied, lurk in these places awaiting the arrival of innocent passers-by, in order to enter and possess them. Some of those possessed will eventually become healers and ritual adepts. Indeed, when people say that healers are made on the mountainside, they recognise how a potential for both good and evil resides there

⁴ I specify that boys are made 'classificatory' men because, in contrast to the past, nowadays those boys who are initiated are always prepubescent when they enter initiation camps. Initiation for male children in Fulwe is no longer seen as imperative.

(Brain 1978:182). This is a potential which certain individuals may harness for either constructive or destructive purposes. These individuals are the *waganga* (Sing.*mganga*) *wa jadi* or traditional healers.

From Mountains to Medicines and the *Mganga*

In Fulwe those people that understand the spirits, and have knowledge of ritual and healing medicines are attributed with the facility of *uganga*, the art of healing. This skill is not entirely confined to specialists. Many people, and especially the elderly, are recognised as having a propensity towards healing and a basic knowledge of herbal and ritual remedies. This is linked to the idea that, on a continuum of knowledge and spiritual expertise, the elders stand comparatively closer to the ancestors as the source of ultimate knowledge, than do the young (See also Kopytoff 1971). It is from the ancestors, through these elders (Kw.sing.*mzee*, pl.*wazee*), that the clan ritual prescriptions (Kw.sing.*mwiko*, pl.*miiko*) are communicated to the next generation. During birthing and initiation rites these prescriptions are taught and mediated through the use of medicines. When I asked younger women, for instance, about the prescriptive rituals practiced by their families at the time of the ceremonial 'bringing out' of the newborn baby, they would reply, "We will learn these things when we become grandmothers".

Nevertheless healing specialists are recognised within the village, and are known as *waganga wa kienyeji* (local traditional healers) and *waganga wa kitabu* (Koranic healers). Within this group people describe a hierarchy of ritual and healing ability from *waganga wakubwa* (big healers) to *waganga wa chini* (low healers). At auspicious times, those with the healing *uganga wa kienyeji* will wear the black cloth *kanga* (sometimes called *kaniki*) and go to the wilderness to collect the roots, bark and plants to augment their medicine bags (*mkoba*).

Clan members tend to return to the same healer with their problems. Through time therefore, a healer develops a familiarity with his/her patients. *Waganga* are often members of the patient's own clan (Kw.*ukoo*). Nevertheless, seeking assistance from outside the clan is recognised and condoned as necessary when

the skills of a more powerful healer are needed. Both men and women are understood to have the potential to become healers, though in Fulwe five of the six most sought after were men. Conversely the Koranic healers are invariably men. They are, by definition, *shehe* (Moslem religious men) who have subsequently studied healing based on passages from the Koran.

For initial advice and assistance in matters of fertility and birth, villagers turn to their clan elders (Kw.*wazee*). Concerns for fertility and procreation focus the minds of the family group at various points in the individual's life cycle, starting at the time of conception and birth, later at initiation and then on into the fertile years of child bearing and begetting. At these points the older and experienced female clan members will take ritual responsibility for ensuring fertility and overseeing the birthing process. They are the primary decision makers in this context. However, when problems such as failure to secure a suitable husband or wife, infertility or impotency, dysfunctional family relationships, problems in pregnancy or birth, fail to respond to action at this primary level, it is ultimately the *mganga* to whom the clan members have traditionally turned for assistance. Indeed the *waganga* remain an important recourse to treatment in the village, especially in cases of chronic misfortune.

The traditional healer, unlike the Koranic healer, is understood to inherit his or her skills from the spirit of an ancestor. They say that they have taken up the *mkoba* (medicine bag) of a dead relative (Kw.*mzimu*). In this way medicine bags, clan symbols of healing and ritual knowledge, are passed down through the generations. Invariably the career of the traditional healer commences after a long and serious illness which is only alleviated once the individual acknowledges his/her ancestral obligation (Kw.*jadi*) to take up the family medicine bag.

Uganga and Assistance with Fertility and Birth

In the same way that certain members of the clan demonstrate powers of *uganga*, some may also be considered *hodari* (brave, earnest) in matters of fertility rituals and birthing. They are the knowledgeable ones, the *wakunga wa jadi*, senior women among a more generalised group of clan assistants at birth. In

the village the work of assisting at birth is a largely unspecialised and commonly ascribed one. Certainly all women who have given birth recognise a personal obligation to be of assistance to fellow kinswomen at the time of birthing, and they demonstrate this through varying degrees of participation at fertility rituals and birthing. While assisting at births is thought of as a general skill, rather than a specialist occupational category, these knowledgeable ones are known to be particularly adept at dealing with specific birthing problems such as the removal of afterbirths.

It would be inaccurate to describe these senior women as a single group because, apart from sharing particular reputations for their *uganga* skills, they are neither cohesive as a group nor marked by any unifying form of initiation or title. Traditionally they tend to assist members of their own clan. Some adepts are practicing healers and suspected witches, of which more later, for I shall be addressing this apparent contradiction in a later section.

The Place of the *Mganga* in Issues of Fertility and Birth

The traditional healer's role in providing protective and diagnostic assistance through divination and treatment with medicines is commonly sought on problems of fertility, marriage and pregnancy. However, at the actual time of labour and birth, the healer's role is described as less significant than in the past. People say that this is because the hospital provides an option for assistance with problems which was unavailable in the past. Describing this situation, older women complain saying, "*siku hizi wanakimbia hospitali tu!*" (These days they just run to the hospital). This research shows, however, that birthing outside the village tends to represent the last option for assistance and elder midwives may well engage the skills of their healer in order to avert the need for a hospital delivery.

Men and women in the village recognise that western medicines (*dawa za kizungu*) and hospital care can be effective in treating some illnesses and often look to the local dispensaries and hospital for the first attempt at treatment for certain serious conditions. Usually such illnesses, if successfully treated at the hospital, are then considered the result of God's will (Kw.*Mungu*). If treatment is

unsuccessful people conclude that the illness must emanate from another source, and go on to seek the assistance of the traditional healer for clarification. Nevertheless, family histories and clan dispositions can lead a family group to conclude directly that the affliction is probably unamenable to hospital treatment. Some clans, for instance, are understood to be particularly aggravated by demons (kw.sing *shetani*, pl.*mashetani*) or witchcraft (Kw.*uchawi*). Only a small number of clans are disposed, and accustomed, to opt directly for hospital delivery. It is the elders within the clan, with their in-depth working knowledge of family histories and simple treatments, that act as the primary arbiters of diagnosis.

Once the decision to present the problem to the traditional healer has been taken the kin group visits the healer's home. Sometimes the sick person will accompany them, though this is not necessarily the case. If the problem arises during the course of a woman's labour, kinspeople are more likely to attend on her behalf. Part of the traditional healer's skills is to divine the problem without clues from the afflicted family. This is done by calling up the *shetani* of the healer, through a process called *kipiga ramli* (to divine). When the healer is successful in identifying the individual and the nature of the problem, the family acknowledges this by making a small initial payment. It is unnecessary for the healer to either examine or see the patient for divination purposes since it is understood that the *mganga*'s spirit will transcend body boundaries by travelling through the spirit world to the source of the problem.

Mzee Kasim: A Village *Mganga*

Mzee Kasim was one of several popular healers in the village. People described him as a *fundi wa uganga* (one skilled in the art of healing). On most of my visits, his hut and compound were busy with people undergoing or awaiting treatment. Entering the compound, I would encounter groups of people. Some were patients sitting with relatives while boiling up herbal remedies. Others were participating in the divining sessions of newly arrived clients. Some were simply recuperating in the shady parts of the compound.

Inside the dark divining hut, bulging bags of medicines hung from the mud walls. In the centre of the earthen floor lay a large heap of medicinal bark, twigs, roots and dried creepers. Above each doorway hung *vitunguli* (gourds) and, at the thresholds, lay rusty iron hoe blades, all reputedly medicines used to expel those with malicious intent. By the door the large carved wooden dolls, representations of demon spirits, were strung with brightly coloured beads. Near the centre, Mzee Kasim would sit on the three legged stool (Kw.*kigoda*) with his medicine bag at his feet.

Mzee Kasim was a man of about forty-five, and a *mwenyeji* (local person) of the village. He had spent his childhood with his grandmother, who had been an able healer. As a boy, he had carried his grandmother's medicine bag for her, as she travelled to visit clients. It was her medicine bag that Mzee Kasim had inherited, together with her spirit which he called *Kibibi*. Despite his close association with his grandmother's work, Mzee Kasim claimed, as did all the *waganga*, that he had not apprenticed to the work, but was simply guided by his inherited spirit.

As a young man, Mzee Kasim had left the village to work as a labourer in Dar-es-Salaam. After several years however, he became seriously ill and eventually returned to the village. One day he was found wandering on the local mountain, Dindili, muttering incoherently to the tree spirits, and unaware of where he was. His illness and confusion continued until finally it was divined that his suffering was due to an ancestral spirit, who demanded that he should take over his grandmother's medicine bag. Once he accepted this role, his illness had abated.

On my visits to him I was always ushered through and invited to sit down with the other clients. Like the other people in the hut, I was given *manyanga* (shakers) to assist in the attraction of the spirit which, having risen up (Kw.*kupandisha*) in the healer, would clarify the client's problem. Sitting at his side was his wife, who acted as his assistant. Her role was to translate and interpret the healer's words, and by incorporating the comments of the clients, to emerge with a coherent and meaningful narrative. In a second trance session

Kasim would invoke his resident spirit to describe the treatment needed to alleviate the problem. Speaking through the possessed *mganga*, in chanting cadences, the *shetani*'s words was interpreted.

As with attendance at birthings, one cannot be present at healing sessions without participating. Though a person might have attended simply to accompany a sick relative, they would be expected to join in the divining ritual and to share in the healing treatments. Groups awaiting consultations were also encouraged to assist in the calling up of the healer's spirit. The whole episode of divination and treatment is generally experienced in a tangible ambience of concerned pleasure. My own presence was apparently undisruptive because it was assumed by the other clients, that I had come with my own problem, and that eventually the spirit would also talk for me. I was assured that the presence of a white person at a *mganga*'s hut was viewed positively, as an accolade to his or her fame and power as a healer.

Group participation during divining rituals and treatment are a central feature of the healing process. Misfortune and treatment, while centred on one individual, is to a degree shared with those closest to them. By assisting in the calling up of the healer's spirit, people perceive that they are not only supporting the sick person but literally sharing in the healing process of the afflicted individual. This emphasis on participation finds a parallel in women's assistance at births when, holding the labouring woman's body, those present say, "We are giving her our strength".

Koranic Healers

In contrast to the *waganga wa kienyeji*, the Koranic healer gains his healing abilities through the power of God and inscriptions of the Koran. Consultations tend to be more private and with individual patients. In the village, these people are generally respected as learned and religious men, though pious Moslems are frequently sceptical of the use of the Koran in this way. In his study of Dar-es-Salaam based *waganga*, Swantz (1990) describes part of the work of this group of healers as divining. However, in the village of Fulwe, Islamic healers are quick

to differentiate their practice from that of the *waganga wa kienyeji*, the local healers. They point out, for instance, that they utilise the Islamic teachings from the book called *Satrikhabari*, and emphatically distance themselves from ideas of ancestral obligation (*Kw.jadi*). They claim instead, that they are guided by the wisdom of Allah and through the teachings of the Koran, rather than by any inherited and possessing spirit. Some will, on occasion, refer clients to the *waganga wa kienyeji* when they judge their powers to be inappropriate to deal with specific problems.

Literacy in Arabic is rare in the village and therefore knowledge of written and spoken Arabic confers respect and power on these *shehes*, as does the practice of astrology. Noting the birthdate and name of the patient, the Koranic healer offers up prayers with incense, and consults the stars of their clients. On this basis he will provide medicines. Sometimes these are in the form of herbal remedies, but more often medicines are composed of passages written in Arabic from the Koran, dissolved in water and taken as a drink or for bathing.

Understanding Misfortune

From infancy, children strapped to their mothers' backs, attend the *mganga's* hut, the initiation ceremony, the sweeping of ancestral graves. Over their mother's shoulder, as part of their daily experiences, they are socialised into an understanding of their world using the images presented to them. In Haste's (1993:10) terms they start to internalise the prevailing 'lay social theories', whose basic building block is the metaphor. By the time they reach adulthood these meaningful metaphors provide the obvious and 'natural' constructions for dealing with the otherwise inexplicable misfortunes, as well as pleasures, of daily life.

In what metaphorical ways then, do the people of Fulwe think about and describe their misfortunes, apportion blame, conceive of cause? Broadly speaking misfortune, as well as success, are considered as the manifestation of supernatural forces who act on individuals and their kin group. These forces fall into four basic categories;

- i. *mashetani and majinis*: (demon spirits)
- ii. *mizimu*: (ancestral spirits)
- iii. *miezi mungu*: (god) also *bahati mbaya* (bad luck)
- iv. *wachawi*: (witches) also called "The hand of people"

Such a clear cut division of causal factors suggests a rather contrived analytical simplicity. Yet, the *waganga* themselves recognise these categories when, following divination, they sometimes say to their clients, "now if I said to you, your illness results from the hand of people or your ancestral spirits, I would be deceiving you. No...it is your demon spirit that is the cause of your problem". In practice, however, these four sources of misfortune may interact so that it is possible, for instance, that the possession of an individual by demon spirits is perceived to be the will of the ancestral spirits; or the return of a previously exorcised demon spirit to an individual is brought about by the witchcraft practices of a malevolent other.

These combinations of relationships can be understood more easily by clarifying the three basic forms of *shetani* that people in Fulwe recognise:-

i. *Jini*

Some Koranic healers from the coast are thought to be capable of creating and raising (Kw.*kufuga*) demon spirits, *jini*, which are sold for the purposes of perpetrating evil and are therefore often associated with witchcraft. This form of *shetani* arrived with the establishment of Islam (Swantz 1970) and is regarded as a particularly virulent and aggressive demonic form.

ii. *Shetani ya Kawaida*

These *shetani ya kawaida* are considered 'natural' or normal. They often live in trees and rocky wildernesses, others originate from the sea. This group are understood to have a potential for both good and bad and are often implicated in issues related to fertility and birth.

iii. *Shetani ya Mizimu*

When descendants of the clan fail to maintain *jadi* activities (ancestral obligations) such as keeping clan prescriptive rituals known as *mwiko* (pl.*miiko*), ritual sweeping and offering of gifts at the clan graves or naming children for a particular deceased elder, the angered ancestors utilise demon spirits to cause illness or misfortune including infertility. The perceived rise in demon possessions in Fulwe was often attributed by elders to the neglect of these *miiko*. It is to this group of spirits that M.L.Swantz alludes when describing demonic possession amongst the neighbouring Zaramo peoples.

These spirits [*mashetani*] do not act independently, but are controlled by one's own ancestor spirits. Thus an illness reflects a situation in which the person concerned is out of harmony with his (sic) own kin. This type of spirit cannot be equated with the ancestral spirits, but are controlled by them in such a way that the rites connected with such *shetani* are understood as an important part of the kinship obligations (1970:216).

An examination of my records of illness episodes involving traditional healers in Fulwe, suggests that while associations between the ancestors and demon spirits, witchcraft and demons are clearly possible, they are only infrequently articulated at the time of diagnosis. Most often the source of misfortune is described as emanating from one of the four basic categories which will be described, in more detail, in the following sections.

Demon Spirits

While the *mashetani* can only be seen by those with special powers, the *waganga*, they are attributed with a distinctive sweet smell which many claim to recognise. People, through personal or vicarious experiences, are familiar with these characteristics. Even small children can describe, with obvious delight, the common features of these demons. They are very tall, their hair is straight and long and grows upwards. Unlike humans they are characteristically asymmetrical: one eye, one lip, arm and leg. An individual is often unaware that a demon spirit has entered the body until divination is sought, and misfortunes or dreams interpreted in terms of demon spirit possession. As I have indicated above people distinguish between *shetani ya kawaida*, the naturally occurring *shetani*, and the

jini who are sent to carry out specific acts of malevolence. It is difficult to be absolute about these distinctions for there is clearly scope for individual interpretation and meaning. Sometimes *mashetani* are thought to be inherited from an ancestor, or passed on through the breast milk of a mother to her child.

They may be either helpful or disruptive, creative or destructive but generally *mashetani ya kawaida* are perceived as devious, cunning and mischievous beings. They seek to associate with humans and do so by entering the body and possessing them. They are often held responsible for the onset of physically debilitating, persistent, and sometimes fatal conditions such as *homas* (high temperatures and rigours) and *dege dege* (childhood convulsions). Equally they may be implicated in cases of impotency or infertility, difficult or abnormal births and poor relations between husbands, wives and relatives. If, however, they are suitably appeased and treated respectfully (see also Giles 1987:241) people recognise that *mashetani* are also capable of conferring healing powers (*Kw.uganga*) on those whom they possess.

Both Green (1993), discussing the Pogoro of Southern Tanzania, and Swantz (1970) talking about Zaramo cosmology, describe these demon spirits as part of a complex of causal factors implicated in cases of ill health. In both descriptions they suggest that the possessed seek exorcism of these spirits. In Fulwe, whilst people do, on occasion, seek to exorcise (*Kw.kutoa*) the possessing demon from their body, more frequently they say simply, '*ananisumbua sana*' (he/she is really bothering me) and '*ametulizwa*' (he/she has been calmed). By describing their possession in this way they allude to an often prolonged relationship with their spirits which may have benign or positive effects, but may nevertheless be debilitating and ultimately harmful if ignored.

Because of the *shetani*'s strong affinity to the possessed individual, complete exorcism of the spirit is recognised as difficult, often only temporarily successful, and always expensive. Exorcism demands payment to the *mganga*, the provision of expensive gifts for the demon and lengthy *ngoma* rituals. For this reason people concentrate their energies on preventing the initial spirit intrusion of vulnerable groups such as children, initiands and pregnant women. In order to do

this responsible female elders provide *kinga* (protection). Nevertheless, for those who do become possessed, their *shetani* remain as a potential source of both power and problems. Power which can be harnessed for healing skills, and problems which can manifest in a spectrum of conditions from fairly benign irritation (Kw.*kusumbua*) to sudden and unexpected death (Kw.*kufa ghafla*).

In Fulwe the demon spirits are also known as *upepo ubaya* (bad air). They sometimes appear in guises such as birds (Kw.*ndege*), seen flying over the house. Avoiding the bodily intrusion of the *shetani* starts early, at the time of the 'bringing out' rites of the newborn. These rites are usually presided over by the child's grandmothers and the midwife, who are frequently the same people. Different clans have specific protective ritual performances (Kw.*miiko*) and secret medicines. Sometimes strips of plain black cloth are twisted into bands and tied around the wrist, ankle and neck of the baby. These ties are said 'to close' the child (Kw.*kumfunga*), which prevents the entry of 'bad air'. They remain on the body of the baby until they naturally disintegrate and fall away, when people say they are no longer necessary. Others, who, for particular reasons, are anxious for the welfare of their infant, seek the assistance of the *mganga* who provides *ilizi* (medicinal amulets) and may anoint the child with oil in the shape of a cross on the back and chest, proclaiming that the child is thereby protected from 'bad air' emanating from the north, south, east or west.

These measures prevent the child from becoming startled (Kw. *kustuka*) by *mashetani* when asleep, and from contracting the more serious childhood conditions like *dege dege*, characterised by high temperatures and febrile convulsions, which are understood to be untreatable by the hospital. Other childhood conditions such as *kuhara* (running stomach), *upepo punda* (tetanus), *kupoza* (polio) and *kifafaa* (frothing at the mouth), are also attributed to the work of *mashetani kali* (powerful demon spirits).

Rohani and Mahaba: Demons of Love

Rohani is one of the most common spirits linked with problems of marital instability, fertility and birth. A second spirit, *Mahaba*, shares many of the

characteristics of *Rohani* and they are often described by a single spirit complex. *Rohani Mahaba* is particularly known to dislike children, causing barrenness, miscarriages and divorces. It is described as having originated on the coast around Dar-es-Salaam and this, together with an emphasis on cleanliness, suggests its Islamic origins (Giles 1987, Swantz 1970).

This demon loves cleanliness, purity and white things. It abhors dirt and things connected with it, which includes sexual acts. It interferes in relations between men and women by appearing in the afflicted person's dreams as a sensuous individual, who seduces the dreamer and thereby blocks conception. Under *Rohani Mahaba*'s influence, sexual partners may argue persistently or simply lose interest in one another, which may result in failure to conceive or impotence.

Divination by the *mganga*, in order to identify the source of problems, often occurs on the advice of concerned relatives of the couple. If *Rohani Mahaba* is found to be responsible, the *mganga* arranges for appeasement in the form of *tambiko* ritual (spirit appeasement by gifts). These take place at recognised sites, marked by particular trees or rocky outcrops. During this time the spirit is entreated to accept the gifts and to avoid causing further trouble. A typical prayer sung at the ritual site might be:-

In Kiluguru:-

Kagone, vigonile fungo mnyimkulu kawasa, kalamsigura na wagenda mazi nimmale hano bii Mwanahamisi gweye kumwambia kama gweye ujo umwahile kama gweye mlukuli mno, umulekese. Akageuke segamba malegeza chibi chilegeza ngondo mwenye chake na hake kifumbe cha kumgongo. Mleke mwana akale usalama usalimini.

In translation:-

You should sleep like the civet cat [described as a good natured animal of the night whose white fur is popularly worn by the *mganga* at the *madogoli* ritual] who is woken by the water fetchers. We have brought Mwanahamisi whom you have taken here and since you have given her this problem in her body, thus we pray you to leave her and give her health. Let her be safe and free like the *segamba* (the tree which lives for one hundred years and whose large leaves spread out in a large canopy). Try to let her forget the past and put it behind her. Let your child be free and safe.

If *tambiko* rituals are found to be inadequate, the *mganga* may divine that a specific *ngoma* will be required to appease the demon and entice it to leave the possessed individual. The following short case study describes the sequence of treatment for a twenty-two year old woman, believed to be possessed with the demon *Rohani*.

Hadija's Possession by *Rohani*

Mama Sijaona was a practicing 'lower' healer from the local town. She had previously come to Fulwe to organise treatment for her younger sister, who had failed to secure a marriage promise. The treatment had been immediately effective. Given this success, she had returned soon after with her own daughter, who had a similar problem.

Despite her completion of secondary school and subsequent secretarial training, Hadija had been unable to find either a job or a husband. Her mother claimed that she was possessed by three separate demon spirits, *Rohani*, *Kimyankera* and *Rungu*. She felt that the latter two were unproblematic, but that *Rohani* was the troublesome spirit. The *mganga*, Kasim, divined that *tambiko* for *Rohani* was called for. The family was required to provide presents for the demon: lengths of red, white and black coloured material, two chickens (one to be left in the forest and one to be used for medicine making), two clay children and two grass dolls.

At the *tambiko* ceremony, beneath the *mgude* tree, the girl and her mother both entered trance state. Dressed in the three colours of material, a red *kilemba* headdress adorned with black chicken feathers, the white and black lengths of material across her exposed breasts, Hadija attempted trance⁵. She was, however, unable to achieve the full state of dissociation necessary for the spirit to communicate its desires.

⁵ The red, white and black colour triad is a recurring theme in rituals relating to fertility in Fulwe. See Swantz (1979:263) for a detailed symbolic analysis.

Further divination by the *mganga* revealed that the demon was unsatisfied and demanded the *ngoma* of *n'gongo'ndela*. The next evening during this *ngoma* the girl, supported by her mother and other spiritual adepts, was eventually able to reach complete entrancement, and the demon was eventually appeased and exorcised. The next day a medicine hut (*Kw.nyungu*) was erected and seven hot stones were placed inside for the infusion of herbal medicine. The *mganga*, Hadija and her mother jointly underwent the treatment to eliminate her spirit completely and prevent repossession of the young woman.

Living with Demons

Some people live with their demons for long periods, and consider it to be no more than an explanation for occasional erratic or uncharacteristic behaviour. For other individuals, however, possession by their demon can be debilitating and chronic. These people become regular patients of the *waganga* and are sometimes called the *wateja* (M.L.Swantz 1970:206).

As *wateja*, they have undergone periodic exorcisms themselves and frequently assist the *waganga* in the act of spirit exorcism and appeasement for others. For this group such regular participation in divination and exorcism rituals is considered an important route to appeasing their own troublesome demon spirits. Through their regular participation, they become adept at trance induction and ritual practice. It is this group participation of adepts that has led to the identification of *shetani* cults.

Giles (1987) studied the *shetani* cult groups of coastal Kenya and Tanzania comparing them, as Lewis (1971) before her, with the possession *zar* /*saar* cults of Ethiopia and the Hausa *bori*. However, because her methodological approach focuses directly on the activities of these cult groups, to the exclusion of their broader community context, it tends to reify these practices and seems to lead to some misconceptions about their centrality and prevalence for the people of the community as a whole. Swantz (1970:210) describes a less rigidly organised association than the term cult implies. She notes that, amongst the coastal Zaramo peoples, these spirit cults are not secret societies necessitating initiation but are

loosely formed groups of individuals who on occasions practice together. Similarly Caplan (1975:106) points out that while many people in the Mafia Island community of Minazini are affected by the activities of the demon spirits, only fifteen percent of adults are cult members. In Fulwe many people are afflicted by demons of different types, and at various points in their lives. Sometimes this may be a recurrent problem which demands occasional return visits for treatment. Yet these people may never become *wateja* or cult members, just as they are unlikely ever to become practicing *waganga*. While individuals may acknowledge their propensity for possession, and may take ritual measures to reduce the possibility of repossession, they are not regular participants in these cult practices. In fact, the degree of involvement is more an expression of the individual's own personality, distinct history and clan disposition, than of the possession experience *per se* (see also ML Swantz 1979:170).

Mizimu: The Ancestral Spirits

In Fulwe when people describe the influence of the ancestors on clan and personal well-being, they refer to the *mizimu* (the spirits of the dead). This term does not describe the spirits of particular ancestors but rather clan elders collectively, who have travelled to the spirit world but who continue to have the power to influence the lives of their descendants in both positive and negative ways.

This influence is simply an embellishment of the power that they have held as living elders in the clan. This point has led Kopytoff (1971) to argue for the relationship between dead and living members of the clan to be represented in terms of a continuum rather than as a dichotomy between the living and the dead. The conceptual continuity between this world and that of the spirits was clearly demonstrated to me in Fulwe when, on occasions, elderly relatives were affectionately addressed as *mzimu* and younger people carried out *tambiko* rituals to their living elderly.

People in Fulwe sometimes attribute an apparent rise in poor health and misfortune to be the response of angered ancestors. Older people say that the

young are failing to show the necessary respect by maintaining the clan prescriptive rituals, "*wanadharau miiko*", (they scorn the prescriptions for proper conduct). With its implication that this behaviour undermines the authority of the clan elders, such chastising often elicits a bemused embarrassment in the young people present.

Miiko are clan prescriptive ritual practices which are communicated, through the elders, from the *mizimu* to their descendants during annual *tambiko* ceremonies. By implementing these practices the older people recognise the dead will be appeased and will confer well-being and fertility on the clan. *Miiko* vary according to the particular clan and are inherited by the child from the father's line. As such they are significant indicators of father's clan identity and because they are ritually conferred by representatives of the father's family around the time of birth, they effectively declare the child's paternity.

People depend on the elders of the family to communicate and enforce these ritual prescriptive and proscriptive practices. Though not all these practices are thought of as secret, younger people view such knowledge as the prerogative of the older members of the clan. In the cities and larger towns, where communities are increasingly more ethnically mixed, and live in less extended households, adherence to these practices is curtailed (Swantz 1970:326). In this environment many *miiko* lose their symbolic meaning and elders are only a distant influence. In the village of Fulwe, however, *mwikos* continue to provide one of the idioms of identity and control between the young and the old, as well as between men and women, especially in matters concerning fertility and birth.

In the context of female initiation, pregnancy and birth, *miiko* take a variety of forms from proscriptions on certain foods and kinds of behaviour in pregnancy, to the provision of medicines for initiands and newborn babies. When young women start to menstruate, their grandmothers and mothers seclude the young woman inside the family hut in order to teach her the elementary *miiko* of womanhood. During initiation ceremonies the order of the events and the acting out of the ritual are shaped by the particular *miiko* of the clan. During the seventh month of the first pregnancy, the woman undergoes rituals to prepare her for the

forthcoming birth. In some clans the *mwiko* is to avoid this ceremony. I shall examine these in more detail in a later chapter.

But it is following the birth of the child that the clan prescriptive practices of the father are most obviously demonstrated and where the family of the baby's father makes their first claim on the child. This may be through the provision of medicines, which the child drinks and in which it is bathed. Special medicinal amulets may be sewn and placed around the child's neck, waist or wrists. In some clans, the baby is strapped on the mother's back and water sprinkled over her as she runs across the compound. The number of *miikos* are large enough to mean that at virtually every 'bringing out' ceremony which I attended, the combination differed sufficiently to give each ritual a sequence unique to that particular family.

When, as sometimes happens, the father of the baby does not come forward to claim paternity, the elders then employ the *miiko* of the mother's father. Green (1993:11), in her study of the Pogoro of S.Tanzania, points out how similar medicines, known as *shirala*, do not only symbolise the social paternity of the father, but act to transform the child into a socially acceptable member of the community, through the taking in of clan substance. In the context of Fulwe, the fact that such medicines are thought to ensure the well-being and fertility of the child, confirms the view that the contribution of substances from the father's clan is essential to the overall state of health of the child.

When elders carry out these practices, they do so to appease the ancestors who will then ensure the future health of the child. To ignore them is to endanger the child's life. That these medicines are considered more than a symbolic gesture of social paternity was explained to me in the story of Mama Juma's deception. This story demonstrates how the *miiko* practiced at birth may distinguish the ideas of social and biological paternity, and indicates the practical difficulties that can ensue when these are not synonymous.

Mama Juma was a married woman and the mother of three children. When she became pregnant for the fourth time she was sure that the child was the result of a secret love affair with another man in the village. Nevertheless, she intended

to pass the child off as her husband's. As the time of the delivery drew nearer she became increasingly concerned. It emerged that her lover had the clan *mwiko* '*kushika majani mabichi*' (to hold fresh green leaves). This meant that, from the moment of the child's birth, no person from outside the birthing hut was allowed to see or hold the child until the umbilicus had separated and the 'bringing out' ceremony was complete. Failure to respect this proscription would inevitably result in the infant's death.

Mama Juma feared that her liaison would be discovered if she were to insist on the need for this *mwiko*. Conversely if she was to ignore it, the baby's life would be endangered. Ultimately she resolved the situation by proclaiming to her attendants that the healer had advised that the unborn child was threatened by a *shetani* that demanded the *mwiko* of *kushika majani mabichi*. This strategic manipulation of ideas is something I return to later in the chapter.

Tambiko

Because the ancestors are understood to influence the success and well-being of the clan, members of the group organise annual visits to propitiate the ancestors (*kutambika*). This offering of prayers and gifts can take place at the family spirit hut, where one has been constructed, but is more often undertaken at the clan grave site. People say they are going *kufagia kaburi*, to sweep the graves. This is both a Moslem and a *jadi* ritual practice, though the latter is differentiated from the former by the offering of traditional beer, *pombe ya mtama*, which together with rice is thought to be the food of preference for the dead. During the *jadi* ceremony the spirits will be contacted and communicate their wishes to the elders present. Rice and beer are thrown to the spirits in order to entice the *mizimu* to assist their clan members. When individual members of the clan suffer misfortune such as illness, premature death, infertility or more general lack of success this may be attributed to a failure to remember and honour their dead clansmen and women through *tambiko* and the practice of *miiko*. This is most often brought to their notice during divining sessions with the *mganga*.

While the influence of the dead remain as a possible cause for misfortune in the minds of villagers, people have a general view that *shetani* possession and especially witchcraft practices are increasingly responsible for the problems that beset individuals and villages, a state of affairs which Beidelman (1993:139) also noted in the neighbouring Ukaguru areas. In this sense, the collective responsibility for group well-being is shifting to a more individualised perception of causation. Visits to the *mganga* for divination and medicine are gradually outnumbering regular visits to the graveside for propitiation.

Miezi Mungu

Whether peoples' ideas are expressed through Moslem, Christian and/or *jadi* cosmological idioms, the omnipotence of God is recognised. Conversations in the village are frequently punctuated with the statement *Mungu akijalia* (God willing). However, while approximately ninety percent of villagers in Fulwe describe themselves as Moslems, most people in the village would see no inherent contradiction in, for instance, ensuring the fertility of their children through *jadi* rather than Moslem rituals. At the same time they might employ the Islamic *hitima* celebration for the remembrance of deceased clanspeople. While people do, when pressed, distinguish between *jadi* ideas of ancestral obligation and *dini* (in this case Moslem religious) celebrations, in general they are pragmatists in terms of appreciating the efficacy of these rites. Devout and orthodox adherents to the Moslem or *jadi* views may influence their clan by taking issue about the supremacy of one form over another, but for most, the symbolic meanings are interwoven and fused into a comfortable non-contradictory understanding. Decisions about the format of group rituals are debated and discussed in terms of mild preferences which reflect the general dispositions of the clan, rather than from a polemic either/or position.

When people describe death from unsuspecting causes, they may explain them by saying *Mungu amemwita*, God has called him/her. When people describe *Miezi Mungu*, Almighty God, as the source of a particular misfortune they make

an implicit statement, ruling out other possibilities such as witchcraft, demons and ancestors. For, when illnesses are amenable to simple herbal treatments, hospital or dispensary medicines, such illnesses are thought to be God's will. When they are not, then people may look to other explanations. In contrast to illnesses caused through witchcraft or *majini* these illnesses occur 'naturally', because God has willed it to be so. They are neither the result of ritual neglect nor the malevolence of other people or supernatural beings.

To an extent I agree with Feierman (1981:353) when he concludes from his study of therapy options in S.W. Tanzania, that treatment *is* diagnosis. Only a successful outcome of treatment can fully verify the correct diagnosis. But what of those many cases when treatment is ultimately unsuccessful and the patient dies? Do people then conclude that they have simply failed to obtain the correct diagnosis and/or medicine? When therapy by the hospital, dispensary or herbal remedy is successful, people in the village often conclude that the cause of the illness or malaise has been natural, that is sent from God. In this sense successful treatment does equate with diagnosis. When treatment is unsuccessful, however, people may start to look to other causes for the persistence of the problem. Whether or not they choose to take the issue further is a reflection of clan dispositions, past experiences and present circumstances.

There is a growing awareness among health care planners in Tanzania that the standards of health care provision in government hospitals and dispensaries is being threatened by inadequate funding, corruption and the unavailability of drugs and equipment. This, in turn, has led to a decline in staff morale and standards of medical and nursing competence. Successful treatments, in this environment, are less likely to occur. Mohondwa (personal communication 1992) sees the inevitable outcome of this situation to be an escalation in the number of illnesses attributed to unnatural causes. People in Fulwe articulate just this view when they argue that witchcraft accusations and cases of *shetani* possessions are on the increase⁶.

⁶ See also Brain (1981:11) for a discussion of the anticipated rise in witchcraft accusations as a consequence of villagisation programmes.

Witchcraft

In Fulwe certain clans are thought to be particularly implicated in witchcraft activities. Nevertheless, people generally acknowledge that, just as goodness is the potential trait of any individual, so too is malevolence. This perception causes villagers to be generally vigilant. People in Fulwe say that one can never know who might be a witch. They are rarely strangers. In fact witchcraft accusations usually occur between people who are spatially and emotionally associated through neighbourhood, friendship or kinship.

In the village people have a variety of ways of talking about witches and witchcraft. The word *wachawi* is a generic Swahili term that does not differentiate between sorcerers and witches. *Sumu ya Waswahili* (poison of the Swahili people) describes witchcraft as an activity practiced by those originating from the coast. In fact the Waswahili people are thought to have a propensity to witchcraft practices which explains the sometimes self deprecating and bemused observation that "*Sisi, Waswahili ni watu wabaya sana!*" (We, Swahili are bad people!). *Mkono ya watu* (hand of people) and *binadamu* (human beings) are vernacular terms for the practice of witchcraft, which describes it, not as something separate from people and society, but intrinsic to it or perhaps even constitutive of it. Indeed, one of the most popular healers in the village told me that there could be no village without *uchawi* (witchcraft) and *waganga* (healers). Beidelman also alludes to the intrinsic nature of witchcraft within society when he says, "Witchcraft and witches are attempts to imagine beings morally outside society, even as they are in some sense part of it." (1993:138)

The ambivalence with which the *mganga* is viewed by people in the village is a reflection of the understanding that goodness and malevolence may issue from the same source. Afterall, the *mganga* may heal people, but equally he/she has the ability to harm them. Because they can manipulate these twin potentials of good and evil, *waganga* are both feared and respected. When asked if *waganga*

Plate 7: *Tambika* ceremony to appease a *shetani* spirit

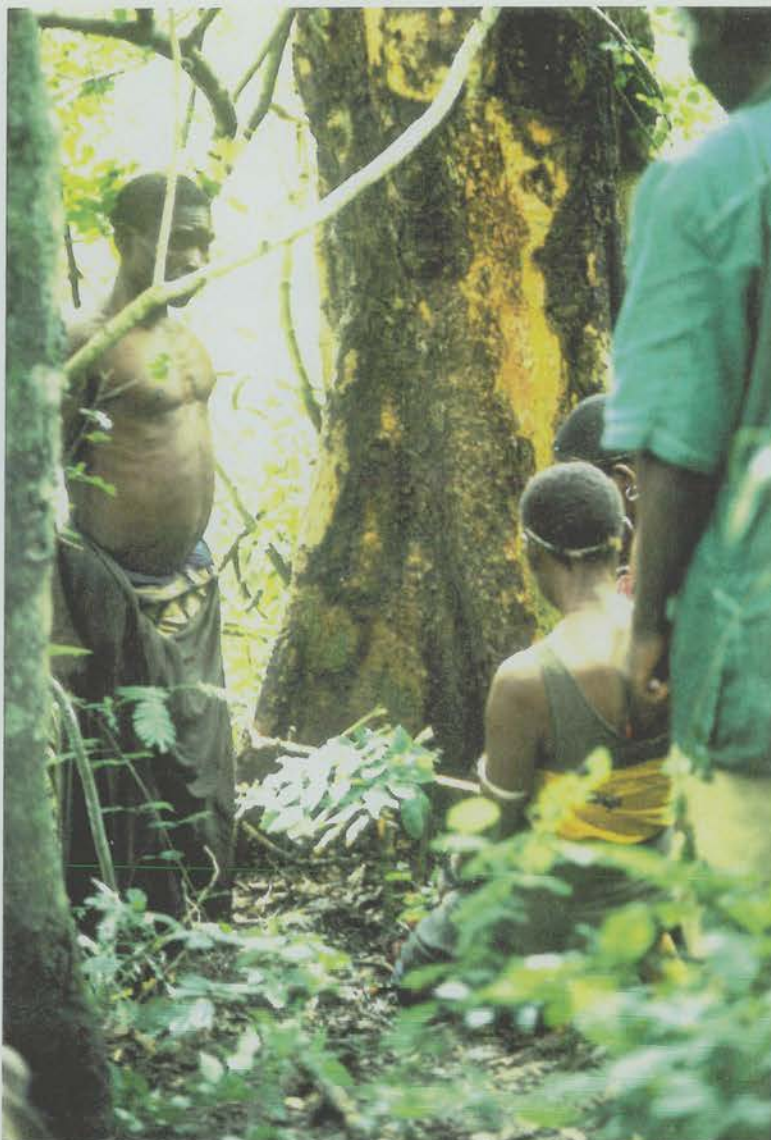


Plate 8: Preparing the amulet for the prevention of witchcraft



are capable inducing misfortune as well as healing, people agree that to have knowledge of one is necessarily to have knowledge of the other. Though *waganga* rarely admit to the vindictive practice of *uchawi*, they concede that they do counteract the witchcraft on behalf of others, through the use of retribution medicine. People claim that if a *mganga* instigates *uchawi* he or she will quickly become sick and inevitably die.

This suspicion of witchcraft is not limited to the *waganga*. Insinuations that certain individuals, both men and women, are witches, are commonplace in the village. Actual open accusations are however, comparatively rare, and are likely to precipitate action involving a public witchcraft ordeal called *kula uganga* (to eat the healing power). Especially in the past, witchcraft accusations were thought to follow known episodes of conflict. In present-day Fulwe, people say that this is no longer the case. Witchcraft has become the result of pure *fitina*, unprovoked and malicious troublemaking.

Ideas about the activities of witches permeate the everyday, mundane matters of people lives in the village. When problems erupt between individuals, neighbours may justify unreasonable behaviour by reminding others that "*Huyu ni mchawi kweli!*" (That one's a witch for sure!). Sometimes these individuals fit into the stereotypical witch personality; argumentative, greedy and untrustworthy (Jacobson-Widding 1994:5, Burton 1985:286). More problematic is the fact that this is not always the case. Unlike Burton's (ibid:291) experiences with the pastoral Atuat in Sudan, where discussion of witchcraft was muted and oblique, in Fulwe there is no embarrassment or secrecy surrounding the general discussion of witches. In practice, stories describing the actions of witches have an allegoric quality and commonly make for graphic story telling.

When I returned to Fulwe after an absence of several months, one of the first pieces of news I received was that our local carpenter had died from witchcraft. Because the man himself, his wife and his brother had all been particular friends of mine, I went to offer my condolences. During the visit Athumani told me the story of his family's search for treatment and his brother's eventual, painful death

by witchcraft. Later he described how the perpetrator was eventually identified in a village witch hunt.

A. "There was a grasshopper and this was used to bewitch him (Kw:kuloga). It jumped on his neck and after a couple of days it started to itch and to swell. We sat there thinking, 'What could it be?' So we took him to Mikese [local dispensary] and they gave him a needle, but it didn't do anything. We went to the hospital at Morogoro and they said they could do nothing. In the end we got a car and took him to Bagalo in Turiani [Mission hospital], but they said they couldn't help.

We had failed. So we went back to the *mganga* and asked him *kupiga ramli* (to divine). He did so and saw that *kaka* (elder brother) had been bitten by a grasshopper and had been bewitched. This *mganga* was in Turiani. They started to treat him but it didn't work. His neck just continued to swell until he couldn't even manage his food. He just ate rice. He went to Turiani with father, but when the treatment failed, it seemed best to return him here, to the village. He couldn't sleep, he couldn't drink.... Mama Asha [his wife] stayed with him until he died. It was the poison of the Swahili (witchcraft). The *mganga* said it was a neighbour, but he didn't say his name. They tried to return the *uchawi* but it was so strong that they failed.

V. Do you have any idea who did it?

A. Well, some time after my father had buried my brother, the villagers started to demand that a *mganga* should pass from house to house [to perform a witch hunt]. They went between the houses and identified the witches and said this man, our neighbour, had killed someone close by. So then everyone knew who did it.

V. Was it that person there, [indicating] your neighbour?

A. No it wasn't Mbange, although they did *toa mapembe* (withdraw witchcraft horns). No it was Nasoso, not the *mganga* Nasoso, but his neighbour.

V. What do you do when you see him now?

A. If I see him, I don't look at him, I just glance sideways and pass by. He's a bad person.

V. Did you already know he was a witch?

A. I didn't know before. No, it was only when that *mganga* came that we discovered who it had been.

V. When I was here before, people were bothered about the increase in witchcraft but the Chairman had refused to allow a *mganga* [witchcatcher] to come, saying that CCM refused such things. So how did it happen?

A. It was because of one man. On his plot of land they found *vitu ajabu ajabu* (amazing things of witchcraft). People went to the Chairman and said that they should bring a *mganga* from outside to pass around all the houses, so that she could draw out all these 'things'. They insisted, and so eventually he agreed. They went around all the houses, telling people that if they paid 100/- they would bring the *mganga* to pass around the whole village.

V. Every house?

A. Yes, she got a lot of money.

V. She'll get wealthy, but then it's dangerous work.

A. Yes it is dangerous but that *mganga* is the best there is. If there's *uchawi* she can get it out. She's only very small, just a *mwali* [uninitiated girl] really, from Kibungo, inside the mountains. She has a mirror which she takes inside with her and in the mirror she can see everything. She brings out the *mapembe*. People were amazed. They went round the houses with her in a great crowd, looking inside each one. They were pushing to see. They brought out many people.

V. What did they do with them?

A. They fined them 3000/-. They have already paid. They gave them medicine so that they wouldn't return to their bad deeds. They wash them in the medicine and if they do it again they will die. They gathered them together at Mzee Sume because he is the *Mzee ya mila* (Elder of traditions).

Who are the Witches?

As Athumani's story reveals it is difficult to know who witches are. Until they have been identified by those with supernatural powers of sight, one can only suspect. Witches may display antisocial characteristics such as stinginess or overwhelming curiosity. Conversely, they may appear as friendly and sociable individuals. Nevertheless, for a witch to use his or her medicine successfully, they must firstly know the victim and be in relatively close proximity. This may explain why in the past witches were often relatives, for up to the point of villagisation, people in this region generally lived in small clan-based communities, composed nearly exclusively of close kin and their spouses.

At villagisation these small settlements were forcibly abandoned and people were moved to larger development villages, like Fulwe. Inevitably, members of different clans became neighbours and as a result witchcraft accusations then spread to include those who were bonded through co-residence as well as kinship. Jacobson-Widding describes similar shifts in the patterns of accusations throughout Central and Southern Africa, and explains it in this way.

Where unilineal clanship provides the frame of collective identity, the power of the witch is only effective within the lineage. But where collective identity is defined in terms of membership in a village community, the witch is primarily a neighbour. (1994:5)

Wilson (1951:313) describes the characteristics of the witch as "the standardised nightmare of the group." Frequently he or she is envisaged as a

naked cannibal who eats human flesh for his or her own gratification. In Fulwe people describe them as flying naked in the air, on winnowing baskets, at night. They suck the blood of dead bodies and eat their flesh. Other witches (Kw:*mwaanga*) use people as slave labour to build their houses and farm their land. Because they sap the vitality of others for their own benefit, through the ingestion of the vital essences, they may become successful and powerful, and are sometimes dominant and presumptuous characters. They defy the rules of decorum and provoke disgust and fear. Above all they intentionally use their supernatural powers to manipulate and control others for their own individual ends.

Witchcraft and Fertility

The concern for witchcraft can pervade even the most everyday kind of activities. When I bought a pair of trainers for a friend he was delighted, but declined to wear them in the village for fear he might provoke the envy of some unknown witch. The idea made him laugh, but nevertheless it was some weeks before he wore them outside. But there are some stages of life experience that are seen as particularly vulnerable to the vindictive actions of the witch. These are times that coincide with the important life cycle events that demonstrate fertility, female initiation, pregnancy and birth (see also ML Swantz 1970:344).

i. Initiation

For most families the onset of menstruation in a female child is a time of celebration, but it is also a time of concern. Elders, who have responsibility for the well-being of the initiand (Kw:*mwali*), confine the young woman inside and teach her about the care of her menstrual cloths. Witches are thought to be jealous of such fresh fertility and to thirst after the vital essence, menstrual blood, which marks it. Specifically they desire to cause the girl to sicken and die on the days of her initiation.

In order to prevent this, many families will ask the *mganga* to visit the girl in seclusion, in order to prepare protective *kinga*. This may take the form of a black

band of *dawa* (medicine) worn around the upper arm or medicine taken internally or applied to the cut skin (*Kw.chali*). Those that reject *jadi* beliefs, because they are devout Moslem, are similarly concerned and receive Koranic medicine from the *mwaliimu wa kitabu*, the Moslem healer.

ii. Pregnancy

When a woman first recognises that she is pregnant she tells only her classificatory sisters, grandmothers and husband. Gradually others close to her will learn of the pregnancy. However, to avoid speculation by curious villagers, she is taught to tie her wraps in a way will hide the pregnancy. She does this because elders fear that witches may try to take the child by causing a miscarriage. Even when the pregnancy is so advanced that the woman can no longer disguise the fact, she will avoid going to crowded gatherings, like initiation celebrations, because this increases the possibility of inadvertently encountering witches. Conversely, going to the town, where crowds are common, has no special significance. Women say that they are not known there. When she sits on the ground, she will sit on a mat rather than the soil. Like her mark on the soil or her footprint; faeces, urine and other bodily essences, like nails and hair, may be used by the witch to make medicines and are thus dealt with discreetly and meticulously.

If women have experienced several miscarriages or the death of a previous newborn child they, and their kin may suspect witchcraft. When this is so they seek the assistance of the *mganga* for divination and medicines. One of the most common reasons to believe that a pregnant woman has been bewitched arises when she passes beyond her expected date of delivery. People say *amefungwa* (she has been closed). Indeed women tell of cases going to twelve and thirteen months of pregnancy under the influence of such a spell.

iii. Birth

Because witches thrive on the vital essences of their victims, and because bodily fluids flow freely at the time of delivery, attendants at a birth show a marked concern for witchcraft. The birthing group remain watchful, looking to

the others present for signs of bewitching activity. Crossing the legs or curling up the fingers or toes are thought to be evidence of a person's malevolent intentions. Care is taken to remove all evidence of the birth, once it has taken place. The placenta and any spilled blood are buried in a specially located position, in or near to the house. The umbilical stump of the child, once it has dried and separated, is hidden in a secret place in the house. It is considered unseemly to draw inordinate attention to the umbilicus of a newborn baby, and it is generally kept hidden under wraps when visitors call. The *kitovu* (umbilical stump) epitomises the vital essence of a person and as such forms the basis of potent medicine in the hands of the witch. Because no person present is beyond the suspicion of witchcraft, all are vigilant.

And yet, there is an interesting paradox. At the beginning of this chapter I presented Mchomvu's explanation of people's concern for my trip into the mountain, "Well you know Valeria, about thirty percent of the people you spend time with are witches". Yet some of these were the women who, as the most sought after midwives in the village, had been chosen by the village leaders to undergo the UNICEF training. Why then might witches also be midwives?

Witches and Midwives

Given that people are especially concerned about the presence of witches at the time of birth, it seems curious that those who are considered especially skilled in dealing with problems, are sometimes also suspected of witchcraft. I have already indicated that a woman's kin group are not exempt from such suspicions. I heard several stories of grandchildren having died through the witchcraft of a jealous grandmother. It was even suggested to me that hospital delivery might be preferable because it was free of the anxiety of witchcraft. According to this logic, hospital-trained midwives have no personal relationship with the pregnant woman, and consequently have no interest in bewitching her.

There is no direct relationship between those that assist at birth and witchcraft, but when problems at birth do occur those women who have particular reputations for dealing with difficult cases may be called. So why do families

sometimes call on the services of a woman who is suspected of being a malevolent person? These women are often seen as assertive, confident and often dominant characters. They are not fearful of being called out at night and, through their assistance, have easy access to the vital substances of both mother and child. These are all recognised characteristics of the witch. In this sense her potential for assistance must be balanced against her ability to do harm. Indeed there is a saying about midwives, "*Usidharau wakunga uzazi ungalipo*", meaning, don't treat your midwife with contempt, you may need her again". Like the *mganga*, these women are in the position to perpetrate evil as well as confer health. The story of Mama Sijaona provides the emic explanation for the presence of witches at births.

Mama Sijaona lived with her child in the compound of her father, who was a popular *mganga* in the village. When she became pregnant with her second child, her father was opposed to hospital care and so she did not register for antenatal care. The day she started in labour, her mother's sister and the wives of her mother's brother attended her. The labour progressed normally, and the child was born in due course. When the placenta failed to deliver, they became concerned. Eventually her father, the *mganga*, was called to *kupiga ramli* (to divine the problem). He concluded she had been bewitched. They sent for a neighbour who, on arriving, was asked to assist.

Steph Ajabu was a suspected witch, as well a recognised *mganga wa chini* (healer of the lower order). She had attended the UNICEF training course for midwives. She was pleased to be called and easily delivered the placenta with the aid of her medicines and massage. The mother made a normal recovery. Later when I asked why they should call someone who they knew to be a witch, their reply was simple. It is those that have sent the problem, who know the medicine to remove it. Furthermore, by being called to assist, the witch is gratified and agrees to help. Where a suspected witch wishes to attend deliveries, she is rarely refused. People say it is best to invite her to participate, for she will be pleased and therefore abstain from her malevolent deeds. If she is present, she can be watched and precautions can be taken.

Witchcraft and Belief

Beidelman (1993:138), following Needham (1978:33), has called the witch “a complex construction of the imagination”. He admits that he, himself, does not believe in witchcraft. It is unimportant whether or not witches actually exist, for there is little doubt that they do exist for most of the people of Fulwe. I cannot say, as Favret-Saada does that,

Of course, I never took it to be a true proposition that a witch could harm me by casting spells and pronouncing incantations. *But I also doubt that the peasants themselves took it to be so.* Actually they were demanding that I experience for my own sake, not for that of science, the actual effects of the particular network of human communication (1990:192 my italics).

To suggest that the peasants themselves doubted the efficacy of their witchcraft is difficult ground, I think. Indeed Favret-Saada herself is unsure about this, for she only *doubts* that this is so. Surely what she alludes to is her own resistance to the power of the persuasive collective imagination.

Consider my own reaction to an invitation to believe. The *mganga* reaches across to my hand and sympathetically fixes his gaze on mine: “Valeria the witch is using you at night for his/her devious deeds. Look at this *chali* (incision) on your hand. Can you remember when you got this mark? No, it happened when you thought you were asleep, but actually you were working in the fields at night. When you wake up, haven’t you felt tired and wondered why? Let me give you medicine”. I agree. In it are shavings from a lion’s claw and hairs from its mane and other leaves that I do not know...powerful medicine. I place the black medicine pouch under my pillow that night. We’ll see. That night I wake shouting, and recall my terrifying and demonic dreams. The next night I throw the black bag to the back of my bookshelf and sleep soundly.

No, I think Favret Saada is evasive when she talks about an invitation into a complex communication network. That is doubtless her own metaphorical

interpretation. I think M.L.Swantz is closer to the issue when she writes (in a footnote) of an invitation by a *mganga* to take part in a meeting of witches,

I have not committed myself to following through such suggestions, *not knowing where they would lead*. In one case the man who made the suggestion was known not to have taken the witchcraft eradication medicine and the neighbouring female diviner referred to the man as one who practiced *uchawi*. (1970:344 my italics)

Is it not that we fear to share in this persuasive imagining of reality. Why believe in the power of society (the emergent power of the group?) and not in the power of witches? Standing on the edge of belief can be an unnerving experience. For the tentative participant-observer it may represent an unwelcome step into the unknown, a potential loss of control. Conversely, for those who do believe, it may actually provide a language of control.

Witchcraft as Allegory

Rather than thinking about witchcraft as some kind of indicator of social strain (Marwick 1952:232-233 see also Brain 1981), I want to build on Evans-Pritchard's (1937:106) view that witchcraft is a function of personal relations, and that it is about the issue of self control and personal identity within the context of communally prescribed personal relationships. Favret-Saada (1990:54) has described the actions of unbewitchers as a remedial institution. She says of the language of witchcraft that it allows people to "say the things that cannot be said in any other way." (1980:13).

Jacobson-Widding has linked the understanding of witchcraft and cannibalism to a symbolic discourse about the self, which is bounded by the physical body. She sees cannibalistic metaphors as a pan human phenomenon with meanings that, in some contexts, may be destructive of the self, and in others reconstructive through a sense of expanded identity. She says, "The idea of people eating each other, of being devoured by somebody else, seems a very powerful metaphor connected with social relationships" (1994:2). The metaphor of eating is, she argues, a metaphor of intimacy, of crossing body boundaries. It can be the language of love making, communion and *communitas*, and equally, and in other

contexts, the metaphor of incest and witchcraft. In other words it provides the individual with an otherwise unavailable discourse of control, through the policing of body boundaries.

How the metaphor is used, she argues, is a reflection of the degree of autonomy and personal agency that individuals are legitimately allowed within the group. In clan based communities, for instance, a sense of communal identity is enforced, and there are few avenues for the expression of personal identity. Indeed traits expressing exaggerated individual desires like greed and selfishness become the hallmark of the witch, the antithesis of things social. Brain's (1981) observation that witchcraft practices are less likely to occur in communities where personal autonomy and mobility are valued characteristics of the group, supports this view.

Yet the need to express one's individuality persists. Jacobson-Widding (1994) argues this need or concern for the expression of personal identity finds a muted discourse in the language of the witchcraft accusation. Because this is a discourse on the self, accusations are in many ways arbitrary. People use the idiom of witchcraft to rectify personal dilemmas. Favret-Saada puts it in this way, "The people of Bocage accuse their neighbours, in order to settle their family hatreds (1990:54)."

However, if we interpret the language of witchcraft as a symbolic discourse on the self, with an individual preoccupation for body boundaries, this tends to obscure the broader social uses of the metaphor. After all, I have already described how concern for witchcraft can be seen to prevail at times of bodily transformations. The unborn becomes child, the *kigole* (prepubescent girl) becomes fertile woman, the pregnant woman becomes mother. At these times it is less the child, initiand, and woman pregnant for the first time who demonstrate concern for witchcraft, than those who are institutionally responsible for their well-being. In these situations the witchcraft seems to threaten not only the body of the individual but also the communal body which is expressed in notions of clan integrity and continuity.

Similarly, the practice of communal witchhunting seems initially to confound the argument for witchcraft as a symbolic discourse on the self. When the witchcatcher withdraws the horrible and fantastic evidence of the witches' activities from the house, people marvel at their feats of fearlessness and control. They talk and gather to watch, as the assembled group are fined and given the cleansing medicine. At first glance, the ease with which confessed witches accept accusations seems problematic. In Fulwe, accused individuals may argue later about the injustice they have suffered, but at the time they pay their fines, make their confessions and take the medicine. They do not move away; they do not, as Offiong (1983:81) describes of the Ibibio, sometimes commit suicide. People may gossip about witches, but they continue to live and to work their fields, alongside those that have been accused. If witchcraft activities are so abhorrent and so despised why are the offenders so easily returned to the community? Why are suspected witches invited to initiate and deliver young women?

The people's own explanation for a witch's presence at births alludes to the important notion of control. If we follow Douglas (1974:98) in asserting that controls on body boundaries are expressions of societal controls, and that there can be no natural way of considering the body that does not involve a social dimension, it helps to illuminate why the witch is an effective symbol for expressing both personal and social control. If, as Douglas suggests (1966:114), ideas about body boundaries mirror concerns for social boundaries, can the metaphor for fears of the infringement of personal agency be appropriated and expanded to think about more general concerns for community integrity?

When witchcraft is viewed as allegory in this way, Beidelman's observation on the witchcraft ideas of the Wakaguru become pertinent. He notes that despite the fact that Kaguru people frequently envisage the behaviour of the witch to be stereotypically anti-social and malevolent, they do not have completely negative attitudes towards their activities. He points out that many, "dabble with such beliefs and use them to assert personal claims and needs against others" (1993:156). At the beginning of this section on *uchawi* I described how people in Fulwe recognise that good and evil are potential traits in any individual. It may

be that the language of witchcraft provides a means for articulating and reconciling this view of human nature within the day to day experiences of villagers.

Interpretation of Misfortune as a Dialogue of Control

I have described these four categories of illness causation separately, as an aid to understanding. In fact people employ these ideas creatively, concurrently and perhaps even strategically in order to answer their questions and obtain successful treatment. I have already shown how groups of relatives may contribute to the development of a theory of causation based on clan dispositions, and that these theories form the basis of decision making for therapy. Individuals build up and reinforce mutual understanding through the offering and receiving of medicines and ideas for therapy. For those undergoing and deciding on courses of therapy it may provide an opportunity to address and articulate issues of power and control.

In this chapter I have described the various metaphors that shape people's ideas about misfortunes and their causes. Identifying the ultimate causes is a matter of negotiation through time. But there are 'grey areas' in some statements of causation which, in context, can leave the meaning open to further negotiation and interpretation. *Bahati mbaya*, for instance, *can* mean more than a chance and unfortunate cause. There is a duplicity in its meaning that can be invoked through strategic use in conversation. The superficial message is that misfortune was not due to a malevolent act of a person (ie. witchcraft) but rather as the will of God. At another level however, it may insinuate a more sinister reason for the misfortune. When it is used like this, it communicates the speaker's wish or intention not to pursue the issue publicly, but at the same time elicits uncertainty in the mind of the listener. When Mama Nasibu used it about her child's death, my curiosity was aroused.

The Case of Mama Nasibu and Mama Mwanga

This case study describes a dysfunctional relationship between a young woman and her mother-in-law, played out in the context of the birth of her third child. I have employed a detailed narrative here because it involves elements of all four causal categories mentioned above and situates them within the dynamics of a kinship network and a village birth. The importance of this passage lies in observing the way strategies for action are informed by, and relationships of power negotiated within, this complex framework for understanding misfortune.

I was on my way to visit a friend, when a young girl outside a neighbouring hut called me over. Her baby was suffering from a high temperature and they wondered if I had any medicines which might help. As we talked I discovered that one of the women, Mama Nasibu, was the wife/partner of Ramadhani, the only son of Mama Mwanga. Rhamadhani and Mama Nasibu were not officially married but they had been together for three years and Rhamadhani was the father of her second child. Mama Mwanga was a powerful personality within her immediate kin group, and one of the registered midwives that I had met on my first day in the village. She and the families of her four, equally vociferous, daughters shared a single compound. Though I visited Mama Mwanga on many occasions, I had never met Mama Nasibu during those visits.

As I looked at her sister's febrile baby, Mama Nasibu told me how she had lost her own child, Rhamadhani's son, from a similar fever the year before. She related the story of her child's illness, the suddenness of its onset, how the child had been startled at night whilst sleeping, how they had sought help from a *mganga* unsuccessfully. She finished her story with the words '*Ilikuwa bahati mbaya tu*', (it was just bad luck).

Mama Nasibu was now eight months pregnant with her third child. She was a confident and assertive twenty year old woman. Rhamadhani was, she said, a good provider. He gave her money to buy food and clothes. He wanted her to go to Morogoro for antenatal care at the hospital. "Yes", intoned her sister "and she doesn't have to cultivate or fetch water. Rhamadhani gives her money to pay others to bring water". Mama Nasibu smiled with obvious pleasure. Rhamadhani was a small time middle man taking up business opportunities as they arose. Since he was away for long periods at a time, I initially saw nothing untoward about Mama Nasibu staying in her mother's home.

Because Mama Mwanga was a recognised midwife in the village, as well as her mother-in-law, I had assumed that she would at least be present at the birth of her grandchild. In the village it was common for mothers-in-law to be invited to participate on these occasions. Such invitations were interpreted as a sign of respect to the father's family. "Who will deliver your baby?" I asked. She had already told me of her intention to deliver in the village, so I was curious to know

who she would call. "We will call you and Mama Kaloli when it starts, I shall send Rhamadhani for you." "Will Mama Mwanga come?" I had asked. "These days Mama Mwanga is not much sought after. Mama Kaloli is a relative of ours through her husband, we will call her."

Then Mama Nasibu told me the story of how she had, until a few months before, been living in Mama Mwanga's compound with Rhamadhani and the other members of his family. But she had argued with them, "and I became very ill, so I returned here to live with my mother." In the course of time Mama Nasibu went into labour. She did send Rhamadhani for myself and Mama Kaloli, though neither of us was at home. But still Rhamadhani did not seek his mother out. Instead he called Binti Fundi, a neighbour who was also a registered village midwife and a very distant relative.

I visited Mama Nasibu most days after the birth of her child. Her sisters came to be with her and fed her the maize meal drink to help her breast milk flow and to prepare her for the customary "soft" diet. Her sister, who was also nursing a child, breast fed the new baby until his mother's milk was considered "clean".

A week or so before the labour, Mama Nasibu's mother had been called to Dar-es-Salaam to visit a sick relative in hospital. When she failed to return after a message was sent, there was a palpable feeling of resentment amongst the girls, because of their mother's absence at this time. More remarkable, however, was Mama Mwanga's avoidance of Mama Nasibu and her new baby. I passed Mama Mwanga's compound frequently during the days that followed the birth, and knowing that I was visiting her daughter-in-law she asked about her grandson. "Are you going to visit them, Mama Mwanga?" I had asked, "I'll wait till the baby has been 'brought out'", she replied.

Several days after the birth and when the child's umbilicus had separated, I met Rhamadhani on the roadside. He asked me to come to the house early the next morning. They planned the customary rites of *Kutoa mtoto* (to bring out the child). I arrived at eight o'clock, and found the ceremony already under way. Though it was unusual to request a *mganga* to be present at the ceremony, Rhamadhani had called for her. Such visits are generally only made in anticipation of problems. In the event illness prevented her from attending but she asked that Mama Nasibu visit her after the ceremony. Indeed, Mama Nasibu's celebration was remarkable for the absence of both her own mother and her mother-in-law. It had not gone unnoticed by relatives and friends that her mother had not returned from Dar to take care of her daughter. Mama Mwanga's exclusion, and later reluctance to visit her new grandson, was also heeded.

A day after the ceremony Mama Kaloli and I sat in the shade, in front of her hut. We discussed the ceremony of Rhamadhani's child. "Did you have food when they brought the child out? What did you eat? Who was there to help?" I sensed Mama Kaloli was feeling slightly offended at not being invited to the ceremony. Then, with such directness that I had to feign nonchalance, she pronounced,

"You know Valeria, it's a terrible thing that that girl is doing to Mama Mwanga, accusing her of killing her own grandchild. When that child died, Mama Nasibu said the *mganga* had told her it was Mama Mwanga's *uchawi* (witchcraft) that had taken the child. She's a bad woman that one, she is making trouble. Mama Mwanga is not a witch and to kill her own grandchild, haa!"

Now I *had* heard rumours about Mama Mwanga. Some called her a *mtu mbaya* (a bad person or witch). Gradually I was beginning to understand the tension between her and Mama Nasibu, and I saw more clearly now the irony of Mama Nasibu's emphatic explanation of *bahati mbaya* for the death of the second child. "Why doesn't she go to see Mzee Mpuya, Mama Kaloli? Wouldn't that decide it?" I had asked. Mzee Mpuya was a local diviner. His skill was inherited and quite specific. He cured snake bites and if there were disputes, he had the medicine to reveal the truth. It was said that people travelled long distances for his arbitration and the village government frequently used his skills. His truth medicine was also used to discover whether people were witches. But, Mama Kaloli told me, "Mama Mwanga refuses to go. She says that if he should pronounce her not guilty, people will simply say that she paid him off, and she would have done it for nothing."

Once a child has been 'brought out', it is generally considered a suitable time for all to visit. Before this people can feel ambivalent. When I asked Mama Nasibu's next door neighbour if she had been to see the child, she simply replied "*Naogopa kile kitovu Valeria!*" (I'm frightened of that umbilicus). "If you go before the umbilicus has separated" she told me "and something happens to that child, they will think it was because of one of the visitors. I stay away until the umbilicus is off and then give the child a piece of silver, a shilling, when I see it." However even given the apparent safety of the completed 'bringing out' ceremony, Mama Mwanga still refused to visit. "Not until she has seen the healer", she said.

I had hoped to go to see the healer with Mama Nasibu, but in the end she went alone. Nevertheless, she described for me what the *mganga*, a relative of Rhamamdhani, had divined. She had, she was told, being bothered by the powerful demon *Mahaba*. It did not like children. It had already taken the life of her previous child and therefore she must take treatment immediately to settle it before its influence passed into this baby's body through her breastmilk.

By this time Rhamadhani had rented a room for them both in a house, some way from his family compound. Despite the fact that he had his own hut near his mother, Mama Nasibu still refused to move back. A couple of weeks later I happened to be passing the Mwanga compound and found the extended kin gathered together. Sitting amongst them, and clearly ill at ease, was Mama Nasibu. Mama Mwanga called me over "Come Valeria and see my grandson", she said proudly. She took the child from his mother and placed him in my arms. As is the custom I took the child and without words of praise, I held him out in

front of me, reflecting on the group dynamics that had culminated in this uneasy alliance.

Discussion

Viewed as a discourse on the self and the muted language of control, I began to understand how the explanation for the death of Mama Nasibu's second child, her own illness whilst living in the Mwanga's compound, and the rejection of her mother-in-law as midwife in attendance, were all symptomatic of the interpersonal conflicts between Mama Nasibu and her mother-in-law, and of Mama Nasibu's reluctance to be dominated by her husband's family. Initially the conflict was expressed through the idiom of a witchcraft accusation. Ultimately Mama Mwanga was able to quell these accusations by insisting that her daughter-in-law seek divination by the clan *mganga*, who instead, explained Mama Nasibu's misfortunes in terms of her own possessive and malicious demon spirit, *Mahaba*. Within this alternative explanation the responsibility for the death of Mama Nasibu's second child, her own illness, together with the future health of her newborn son, effectively shifted away from her mother-in-law to her own demon spirit, whose appeasement then became the jurisdiction of herself and her husband. After several weeks, Mama Nasibu conceded that it was her *shetani* rather than her mother-in-law's witchcraft that had caused her problems, and consented to return to the Mwanga compound. As BurrIDGE (1957) has suggested it is often when situations of tension and dispute arise that evidence of the moral imagination of people emerges more clearly.

Clan Dispositions and the Interpretation of Misfortune

Charisma, above all other qualities, characterises the personality of the successful *mganga*. This trait induces in his/her clients, a sense of confidence, hope and a state of suggestibility born of trust. One of the ways this confidence is established is by revealing the nature of the presenting problem, without the assistance of the patient or their family. Given that clients and their kin have already started to construct their own theory of causation by the time they visit the *mganga*, this is a particularly skillful aspect of practice. To do this, the

mganga gradually builds up a picture of the problem, picking up subtle clues from the reactions of his clients, reworking tentative narratives and, in an evolving way, finally emerges with a coherent and acceptable illness story. Conversely, if she/he fails to present an acceptable scenario then the divining session will end prematurely and other avenues of assistance will be sought by the clients.

As I have indicated before, from the onset of the misfortune various groups are consulted for treatment and advice. The pathway leads from the patient's immediate family to knowledgeable elders, then on to the chosen *mganga* or the hospital. L. Swantz's (1990:92) study of Zaramo medicine men demonstrates this, by pointing out that of 43 clients who visited healers, 30 had already decided that the illness could not be recognised by the hospital and therefore necessitated the help of the *mganga*.

The following discussion with a local woman healer illustrates how the *mganga* must negotiate the meaning of illness and describes the sometimes creative ends to which they are prepared to stretch in order to secure patient compliance.

V. When people come here for help would you say that their problem is more often one of illness from God, from the ancestors or from people?

M: Well, of those that come more often are those that *believe* they have been bewitched. Even when you divine and you see that it is a *shetani* that is the problem, they won't believe it! Instead if you say '*bwana* you've been bewitched', they will say that this is really the case, and that you are truly a *mganga*. These days many people very often like to think that things have been caused by witchcraft, even when you say to them 'you have a *shetani*'... they don't agree! But if people believe that they have been bewitched, even though you have seen in the divination that that person has a demon or an ancestral spirit that is giving him a problem, they won't agree. So you tell them that they've been bewitched, even though you know that it is not the case. You say, '*bwana*, you have a *shetani*, but more importantly you have been bewitched.' And they say 'that's absolutely so, such and such a person has bewitched me. I know that person's nature.'.... Then you give him medicine for the *shetani*!

V. So that when they come, they have already got their ideas about the cause of the problem?

M. Absolutely so ..They have already decided that they have been bewitched by somebody, so that whatever you tell them, they have already decided. Well, the *mganga* uses his/her common sense and although you know they are suffering

from *shetani*, you will tell them that they have been bewitched and then enter them in treatment for *shetani*. And, when she/he feels better, well, it doesn't matter. They may feel they have been bewitched (Kw. *kulogwa*) by a person within the compound, but really he is being treated for the *shetani*. OK....when he is feeling better, this becomes the secret of the *mganga* him/herself!

When clients articulate an existing idea about the causes of their misfortune at the time of divination, what does this indicate and how do they come to these speculative conclusions? If we can understand where the roots of these ideas lie, we can perhaps provide a framework for explaining the strategic choices that people make in particular situations relating to fertility and birth.

I have already observed that, within the community of Fulwe, there are specific clans who are more inclined to 'believe' in the pre-eminence of witchcraft as the cause of maladies. Similarly, other clans may consider themselves to be particularly aggravated by ancestral or demon spirits. These traits, dispositions or potentials for action pass down through the generations in the day to day socialisation of the child and young adult, and may be modified in the light of continuing experience and competing explanations. They provide what Bourdieu has called the *habitus* of the group, a durable set of metaphorical understandings which allow people to make sense of their present circumstances and to respond in a way which suggests an intentionless strategy. People explained to me "We do not seek magical protection (Kw.*kinga*) for our initiand. Our clan does not have these witchcraft beliefs."⁷ These dispositions provide the loose framework around which specific groups structure their beliefs and interpret experiences. At the same time, each generation is born into new economic and social circumstances which make their *habitus* an evolving schema of generative ideas for social action. Thinking of social practice like this goes some way to helping to explain the heterogeneity of ideas which characterises explanations of misfortune in the village.

That people in Fulwe describe these dispositions in terms of clan characteristics or traits gives support to the notion that the clan remains of central

⁷ See also Caplan (1975:103) whose informant describes an individual's potential for possession as a consequence of their inherited group tradition to identify the problem in this way.

importance in matters of decision making and continues as an important conduit for the transmission of these dispositions. Clearly, notions of protecting fertility continue to describe a concern for group continuity. The way this concern is articulated and dealt with, within the changing circumstances of life in Fulwe, is the subject of the following chapters.

CHAPTER SIX

FERTILITY, BIRTH AND MIDWIVES AS RITUAL SPECIALISTS

Introduction

Despite Fulwe's links to the city and the growth of cash generating activities there, the village remains a profoundly agricultural community. Subsistence farming is a common way of life. It is not surprising therefore, to find that many of the metaphors used to describe social relationships are rooted in ideas of food and its production. "If we don't cultivate", describes my elderly female neighbour, making the action of hoeing, "we don't eat.", "If we don't eat, we don't live."

In Fulwe children are sometimes associated with food. When a baby is born, midwives ululate (Kw: *ukegelegele*), greeting the female child by calling her *ugali ugali* (maize meal porridge). In the same way a boy is called *ubwa-bwa* (cooked rice). Villagers also turn the relationship around, saying productive trees and plants, like people, give birth (Kw: *kuzaa*), have pregnancies and produce *watoto*, children. As if to confirm this Mama Kaloli, my teacher midwife, draws me complicitly to the swollen sorghum plant: "*angalia mimba yake Valeria, karibuni utazaa....look at its pregnancy, soon it will give birth*". When people describe crops in this way, they do so with an obvious pleasure, a pleasure which finds a parallel in the admiration of the full breasts of the maturing female *mwali* (initiant).

This chapter is about the ideas and concerns that many villagers have in relation to fertility, especially the fertility of its people. Clearly, these feelings are separated only with difficulty, for one is metaphorically linked to the other as I have just shown. When they describe their children as food and conversely their crops as giving birth, they are implicitly demonstrating the association which many village people make between the fertility of land, the source of all life, and the fertility of its people made apparent in the birth of children. Just as food

provides the means for sustenance in this world, so children provide the basis for immortality in the next. In this traditional paradigm children, like food, symbolise both the means of existence and the possibility of its continuity.

In the village the protection of an individual's fertility becomes the focus of concern at pivotal life cycle events like birth, initiation and pregnancy. In Van Gennep's (1960) terms these are crucial *rites de passage* and times of transformation and transition, when individuals are thought to be particularly vulnerable¹. The fact that children are described not as raw, but as cooked food, suggests that fertility cannot be presumed to occur without social intervention. People must actively ensure the fertility which the newborn child promises, just as they must cook the maize and rice staples before they can be consumed. Ensuring the fertility of people is done through a variety of ritual channels and under the auspices of senior women. In Fulwe, matters concerning the insurance of future fertility of young children, female initiands and women of childbearing age falls to female clan elders, who may serve the clan as both midwives and ritual adepts.

Notions of Blood, Birth and Bodily Essences

Both the mother and father of a child contribute to the identity of a child through the giving of clan medicines and names. Nevertheless, people in Fulwe say that in matters of the clan, it is customarily the women who have the strength. Underwriting this notion of sexual complementarity, many people believe that it is the woman who provides the blood and strength of a child, while the man provides its bones and intelligence (Kw.*akili*). So, although men are seen to contribute important characteristics to the child, it is the women who provide the defining metaphors of relatedness, blood and *tumbo* (womb). In recognition of their central role in ensuring the continuity of the clan, both men and women traditionally express pleasure in having produced female children.

As I have described in the previous chapter, people in the village show a marked concern for the protection of personal body fluids and body boundaries.

¹ See discussion dealing with rituals of transformation and rites of passage in Chapter Two.

Blood and related substances, in their various states outside the body, provokes special concern. These concerns become particularly clear in issues which relate to menstrual and birth fluids. Simply talking about certain kinds of blood may be construed as unwise and provocative as became apparent to me in the course of the following fieldwork encounter.

I had been discussing a recent birth with the family of a newly delivered girl. We entered into a lively discussion about the blood loss after the delivery. "There are two types of blood, *uzima* and *umaiti*." I was told. "The first is the blood of living things, it is life giving. The second is the blood of the dead." Was menstrual blood and post partem blood living or dead blood? There was no consensus about this. One grandmother felt that by virtue of it having the potential to give life, it must be *uzima*. The other argued that because it had already done its work, it was now *umaiti*. Progress in understanding was slow.

Later, I persevered with another friend in the village. But Mama Kasim, a large and influential woman took me to one side: "Valeria you must be discreet when asking questions about blood." Then she explained why. Several years before *wazungu* (white people) had arrived in Fulwe to undertake a dental research project. They started by examining the teeth of schoolchildren, to which parents agreed. When, however, they continued by taking blood samples from the same children, relatives responded by withdrawing their children from school and refusing to allow them to return. The researchers were labeled *mumiani* (white witches). These white witches are thought to drink the blood of Africans, as a form of powerful medicine. Mama Karim was clearly concerned that my questions might provoke similar concern. After all didn't I go out at night to attend births, wasn't I interested in what happened to menstrual cloths, placentas and umbilical cords? Now I was enquiring about the blood of the living and dead. My questions were causing concern. Blood was a sensitive subject.

Pels (1993:223) has described the history of the *mumiani* concept in the context of the Waluguru mountain people and the introduction of European waged labour relationships. He argues that *mumiani* beliefs are a metaphor for the white commodisation of labour. In this sense white people figuratively 'eat' the

strength of the African in order to empower themselves. Just as access to blood suggests access to power in the example of the *mumiani* concept and other notions of witchcraft discussed in the last chapter, it also suggests access to power through the creation of kinship which is made possible by the creative potential of female menstrual blood.

As Douglas (1966:95) has pointed out, birth and menstrual blood are often thought of as threatening and powerful. Yet when controlled, such power can become creative and generative. In Fulwe, responsibility for ensuring its control becomes the work of the *wakunga* and *wahunga*, as midwives and female initiation specialists during initiation, pregnancy and birthing ritual practices. People consider the blood of menstruation to be polluting. They say it is dirty (Kw:*chafu*). As part of their early instruction during seclusion, young female initiands are taught the need for careful attention to their menstrual cloths. Sexually active women are told that ideally they should sleep apart from their partners during their menstrual period (Kw:*siku zake*). The mixture of blood and amniotic fluids following birth is described as *chafu sana* (very dirty), for it is thought of the cumulative blood of nine months of menstruation. This blood is believed to generate a creative heat in the pregnant woman which, until the point of delivery, is thought necessary to propel the labour onwards. Thus, no cold fluids are offered to the labouring woman because this would cool her down (*atapoa*) and delay delivery. At the climax of the labour, when the membranes become visible and bulging, the women stand away from the immediate vicinity to avoid contamination with the amniotic fluid (Kw:*maji*). These body fluids, like the blood which follows, are said to be very hot (Kw:*joto jingi*) and contact, or even looking at them, are believed to damage the eyes and cause illness. Some women, according to their clan beliefs, protect themselves following delivery by smearing ash from the hearth on their foreheads. In the same way village midwives are said to use special ritual medicines in order to protect their health and especially their eyesight.²

² Older women supported their ideas by pointing out that hospital midwives frequently wear spectacles in order to protect their eyesight.

The concept of the potentially contaminating nature of birthing fluids has further implications for the way birth is managed in the village. Women, for instance, generally give birth onto the bare earthen floor of the hut. When I attended births like this my own 'western' ideas of hygiene and infection fought hard against my resolution not to intervene. On one occasion, when I suggested that perhaps a clean *kanga* might be placed beneath the woman, I was simply told that the *kanga* would be ruined if used for such a 'dirty' purpose.

Perhaps because there is a strong proscription on expressing fear, most village women would not describe their attitude to post partem blood in this way. Instead they describe its damaging and contaminating properties. However, it is evident from my own observations that women are reticent to handle blood or to look at body fluids at this time. This is left to the most experienced and confident clanswoman who 'receives' the child, carries out the disposal of the placenta and birth blood, and washes the mother. The inexperienced newly delivered woman is directed not to look until all blood has been removed and buried. When everything has been returned to order, the senior woman removes any residual polluting fluids from her own body by bathing thoroughly.

While women recognise the blood to have dangerous properties which may cause illness in those who are frequently exposed to it, they also acknowledge that those who do handle it are to be respected for their strength and knowledge. These senior clanswomen, by virtue of their experience with birth and initiation through time, emerge as authoritative in these matters. In the final chapter this relationship between experience in birth, knowledge and strength of character will be explored in greater detail.

Sex, Fertility and the Production of Children: A Discourse of Control

Caplan says, in her overview of the cultural construction of sexuality, that "part of the problem of sex for many societies is that it can lead to pregnancy (1987:23)" In Fulwe, the idea of sex is unequivocally tied to that of fertility and the production of children. People euphemistically describe the sexual act as "going to look for children" (Kw.*kutafuta watoto*). When women jokingly say, as

they sometimes do in Fulwe, that their husbands are not agreeable to the use of contraception postnatally, because they cannot be sure that the woman will remain faithful, it indicates how sex and pregnancy are conceptually linked to ideas of control. Conversely, when sex is allowed to become both physically and conceptually separate from fertility, as it can through the use of effective contraception, control of fertility may then become the domain of the woman herself, rather than of her husband or her kin group. Pregnancy is no longer available as a marker for licit or illicit sexual intercourse. Resisting this loss of control, post menopausal women and husbands are largely opposed to ideas of contraception and instead maintain the traditional ideological view which elevates and reifies the status of women as fertile producers of children.

Both men and women are said to produce children through the combination of the woman's egg with the man's seed. While the pregnant woman is called the owner of the pregnancy (Kw. *mwenye mimba*), the father is said to be *mwenye mtoto* (the owner of the child). Both the mother and father are thought to nourish the child during pregnancy, the mother through her blood and the food she eats and the father through his semen which they call *maziwa ya mwananume*, man's milk. Because of this, sexual relations with the child's father are encouraged until late in pregnancy. When men say "*nimezaa watoto wawili*" (I have produced two children), they confirm their active role in the creation of their children. Women similarly talk of producing children, though they further differentiate the act of giving birth as *kujifungua* (to open oneself up). From the root of the verb *kuzaa*, midwives are described as causing a woman to produce, "*wanamzalisha*".

Children are viewed as a blessing from God, *baraka*. The birth of a child, especially the first child, sets in motion a whole series of social transformations that may be accompanied by the giving of medicines, the acting out of rites and the allocation of new names. Women are no longer known by their initiation names, but name themselves after their children. Less frequently, but not uncommonly in more domestic contexts, fathers will also be called after their children. Initially mothers, fathers and even grandparents will call themselves

after their first born. Subsequently, parents may adopt the name of an especially favoured child, boy or girl. I came across women, for instance, who called themselves after a particularly loved child who had died an early death, and whom they wished to remember especially. In other words, names in everyday usage are indicators of shifting identity and allegiance. They change through time, revealing preferences and prejudices towards particular children, and may even vary according to the context of particular conversations. Women who have given birth to several children may therefore be known locally by several names, reserving the use of their full name for bureaucratic purposes only.

Birthing and begetting children effectively elevates the status of individuals by making them parents and eventually grandparents. There is an intense pleasure for both men and women when they are playfully addressed for the first time as *Mama* or *Baba* So and so. Children traditionally confer wealth in the sense that Bledsoe (1980:46) describes (ie. wealth in people) and provide potential security in later life.³ This is in addition to the more ethereal promise of immortality after death, through the child's developing relationship with its forbears in ancestral rites.

During the home based interviews which I undertook, discussions concerning the number of children that one might hope to birth were often qualified by reference to God's will. With further discussion, however, it seems that villagers do not rest their fate in God's hands alone, for elders of the clans actively work to enhance and protect the fertility of their children and young people. Although concern for fertility commences from the moment the child is born, ultimately the success of the protective practices can only be ascertained once a woman has conceived a pregnancy. If this does not happen then individuals, with their families, will start to take action to locate the source of the problem. Help is usually sought through divination and treatment by the *mganga* of choice.

Whether or not natural fertility rates are significantly lower than other parts of Tanzania is difficult to ascertain. In contrast to Caplan (1988:11), who notes

³ See Chapter Seven for a discussion of Bledsoe's (1990:83) wealth-in-children concept and the role of fosterage in relation to the value of children in subsistence economies.

the high fertility of women on Mafia Island and their desire to limit the number of pregnancies, many women in Fulwe express the desire for more children than they have.⁴ M.L.Swantz describes a similar preoccupation with the maintenance of fertility and a concern for bareness amongst the neighbouring Zaramo people (1970:140). Women in Fulwe, might say for instance, that they have only been born with a small number of eggs, or that within the birth bag there are worms (*kw.mchanga*) which prevent conception.⁵ Their limited fertility is understood to be God-given. Others, however are unprepared to accept an explanation of a 'naturally' occurring subfertility and instead look to the neglect of proscriptive practices at birth or during initiation, the action of demon spirits or the malicious intentions of witches or *watu wabaya* (bad people), factors which I have discussed in the last chapter.

Some younger women that I talked to, however, did express an awareness of the toll which childbirth exacted on their own health. They say, for instance, when describing their birthing history, *sasa napumzika*, now I am resting [from further pregnancies]. They also recognise that a child conceived whilst the mother is still breastfeeding places that breastfed child at risk. Sanctions in the community make it shameful to conceive in this period, and expressly discourage the birth of a subsequent child until the present one is fully weaned from the breast, often at the age of two or two and a half years. If pregnancy occurs during this period the couple, especially the child's mother, fears she will be scorned or 'laughed at' by relatives and neighbours. So, traditionally, men and women are told to sleep apart after the birth of the child, or at least refrain from sexual relations with one another.

Some women joke about this proscriptive practice, alluding to their own sexual needs at this time, and admit to using traditional medicines from the local

⁴In Tanzania the national average for live births per mother is seven (AMREF 1992:2). Like all statistical analysis however it needs careful interpretation. For example, it does not reveal the effects of high infant and perinatal mortality or the variation amongst women in their ability to conceive. Mirza and Strobel (1989:23) also describe the incidence of low fertility in coastal Kenya though their evidence appears to be largely anecdotal.

⁵Men in Fulwe are described as 'having seeds' (*Kw.mbegu*). It is interesting to observe that western cultures also use the metaphor of eggs and seeds (semen) to describe the process of human fertilisation.

healer to prevent conception. If this fails, as sometimes happens, close friends of mine confided that they had sought secret abortions either from a *mganga* in the village or illicitly through the hospital. Such an admission, however, could never be openly made and so its incidence is difficult to ascertain. Other, often older women said that if the man continued to demand sexual relations during the postnatal period then the woman should be encouraged to report him to her kin, who would then intercede on her behalf.

According to prevailing gender ideologies at work in Fulwe, it is considered 'naturally' more difficult for a man to contain his sexual drive than it is for a woman, and so the ultimate responsibility for the prevention of pregnancy during the postpartem period falls to the woman. Men agree that they may need to enter into secret extra-marital liaisons during this imposed period of postnatal abstinence. This is interpreted by some men and women as a form of respect to the postpartem woman. Given the high premium on demonstrable fertility, it is perhaps not too surprising that, while modern contraceptives are known to be available from dispensaries and hospitals, they are not widely used. Consequently they have made little impression on the overall pattern of extramarital relationships during this period. One might suppose, for example, that once the fear of an early pregnancy could be removed, then normal sexual relationships might continue between the couple. This does not seem to be the case, nor especially sought after. Women continue to gossip about how husbands of other women are not discreet enough in their secret love affairs. Men joke among themselves about their furtive visits to the town. I shall be looking more closely at the issue of institutionalised abstinence and the attitudes towards, and incidence of, extramarital affairs in men and women in Chapter Seven.

How different, then, is the idea of protecting fertility, from the idea of controlling it? I would argue that they represent two aspects of the same discourse, that is, the discourse of power through the control of fertile women and their production of children. Meyerhoff (1982:161), who lived and worked with the Pokot people of Kenya, describes a similar interest among older women in controlling the fertility of their young women. Like the older women in Fulwe

they appear to collude with men in this matter of control which, she says, they do by upholding male values in their teaching of female initiands at puberty. La Fontaine (1972) similarly describes how rituals relating to menstrual and birth blood, among the Gisu, are a function of men's desire to control women's reproductive powers, which they do through the assistance of women elders. However, these arguments suggest that older women themselves have no specific interests of their own in maintaining control, something which women elders in Fulwe would dispute.

When men in Fulwe sometimes note that "*Zamani mkolo mwenye nguvu, siku hizi baba*" (In the past it was the mother's brother who had the strength, these days it is the father), they describe the shift in emphasis from matrilineal to patrilineal interests for the control of children produced by women. Poewe (1981) noted a similar shift in allegiance when she studied among the people of Luapula, Zambia. She argues that this has occurred in response to the increased interest in commercial relations of production which subvert notions of kin interdependence by encouraging the idea of individual wealth creation. It is likely that similar reasons exist for the movement of ideas in Fulwe but, in any case, in practical terms this shift produces uncertainty about male responsibilities for children which have heightened the issues relating to individual identity⁶.

What I wish to argue here is that senior clanswomen manoeuvre between male interests, motivated by a more fundamental and pragmatic concern which is to control fertility in order to establish, firmly and unambiguously, the identity of their younger clanswomen and their subsequent offspring. Fulwe women often say a child can never forget its mother. On the other hand establishing and maintaining the interest of the father becomes increasingly significant while, at the same time, problematic in the changing economic and social circumstances of village life.

In Chapter Four I described how movements towards cash economies have introduced more individualistic strategies for attaining security. This shift in

⁶ I discuss the way this shift in responsibility finds expression in the village context in Chapter Seven.

ideology produces tensions in terms of established notions of kin interdependence. I develop these ideas in Chapter Eight in relation to its effects on men's notions of responsibility towards children and I will deal specifically with the degree to which matrilineality, as an ideology, continues to shape the self images of women and inform their strategies. At this point, however, I shall concentrate on the nature of senior womens' involvement in protecting fertility and establishing the identity of younger women and their children by examining their role as midwives and fertility ritual specialists in birth, pregnancy and initiation practices. In the final sections I examine how these women respond to particular circumstances which they view as compromising this role.

Midwives and Ritual Specialists

Experienced senior clanswomen who assist at birth are known as *wakunga wa jadi*, midwives of ancestral obligation. As their title suggests, their role is predicated on their relationship with their clan ancestors. To varying degrees all kinswomen who have given birth, are required to fulfill their ancestral obligation through participation at clan births. While particular reputations for integrity and practical skill may be built up over a lifetime, my fieldwork experiences show that the majority of parous women are introduced to the practice of midwifery through their initially marginal and, over time, increasingly central participation at the delivery of kin. As women gain in personal experience of birth, their involvement in assisting others becomes more central.

Significantly, the practical and ritual activities of the midwife during pregnancy and births conceptually overlap with the ideologically more central role of the *wahunga wa jadi*. These are the ritual specialists who are responsible for the assurance and protection of fertility in young female initiands during initiation, and later during pregnancy and birth ceremonies. Again, while all women who have given birth are eligible for the role of *mhunga*, certain elders emerge as more experienced and ritually astute. Persuasive personalities, confident demeanor and an in-depth knowledge of clan affairs are characteristics which mark these women out as responsible for the production of fertile women,

and their subsequent guidance to parenthood. Richards (1956:58) notes a similar overlap in the female roles of the *nakimbusa* among the Bemba. When possible, she says, the *nakimbusa* will be the woman who both officiates as at a girl's initiation and as midwife at the girl's first childbirth experience. Nevertheless she suggests, even at the time of writing, that this ritual role was on the decline due to the economic and social changes introduced by the colonialism of the time. By contrast, and despite the many modernising changes mediated through villagisation, the role of the *mhunga* in Fulwe remains central to the notion of producing fertile clanswomen and healthy children.

MacCormack says, when describing the work of Sande society midwives in Sierra Leone, that, "Since social grace, good health, fertility, successful childbirth and nurturance are not matters to be left to nature but are conditions and events that are *caused* by Sande wisdom, rites, and practical expertise, it is an institution that continues to assist women throughout their adult life" (1979:27 *my italics*). However, unlike the Sande society, in Fulwe there are no overarching, politically powerful institutions or well defined secret sodalities for the control of ritual and practical expertise for initiation and birthing. Instead ritual knowledge and skills are passed down through generations of clanswomen, as they experience their own initiation and birthings, and actively participate in those of their clanswomen. In their mutual support and communal actions at births and initiations women celebrate both their clan solidarity and the importance of paternal and maternal allegiance.

Senior clanswomen, acting as clan midwives and ritual adepts, guide practice and, in doing so, act to protect fertility at times when it is understood to be especially vulnerable. Whilst fertility and successful childbirth are facilitated through their actions, people in Fulwe would not say that these actions *cause* fertility, as MacCormack suggests, in the case of the Sande. Rather, fertility is viewed as something that is vulnerable and which demands careful protection. Such protection is provided through the giving of medicines and the acting out of clan prescriptive rituals in initiation, pregnancy and birthing rites.

While concerns for fertility tend to focus on the woman's procreative abilities, this is not exclusively so. When villagers gossip about the inability of certain men to father children, they are acknowledging that fertility is an issue pertaining to both to men and women. This becomes evident in advice given to mothers of newborn babies, during the ceremonial 'bringing out' of the infant. Regardless of the sex of the child, fertility needs to be ritually protected. If problems of infertility do occur later in life, individual elders and their kin group may well reflect back to the periods around the birth or initiation and call into question the efficacy of the *mhunga/mkunga*'s ritual practice.

Pregnancy

When women become pregnant, especially for the first time, they are said to feel shame (Kw.*kuona aibu*). According to custom they speak of it to no one except their husband, grandmother or sister, or those who stand in these classificatory relationships. Reflecting the conceptual closeness of alternate generations, it is thought to be embarrassing to mention it to one's own mother, and any uninvited discussion of pregnancy from a visitor would always hurriedly be referred to the girl's grandmother. As one births increasing numbers of children, this attitude is less marked. Women become more confident, assertive and self reliant. Conversely the young pregnant woman remains vulnerable and, like the *mwali* initiand at puberty, is thought of as unknowing, inexperienced and dependent.

This ignorance (Kw.*ujinga*) of the act of childbirth makes them particularly dependent on their more experienced and senior kin. Accordingly, during the seven month of her pregnancy, the woman should undergo a ritual, *kufunda mkowa*, to teach the woman about birth⁷. The fact that this ritual occurs only when women are pregnant for the first time, suggests that its purpose is to clearly mark the girl's social and experiential transition to the status of motherhood. Any relative of a girl whom she calls *dada* (sister), and who has given birth, may

⁷ Beidelman (1993:43) describes the meaning of *mukowa* as the cloth for carrying the child, viz., the placenta. Richards (1956:205) translates *mukoa* as clan.

attend this secretive revelation into the mysteries of childbirth. Grandmothers and other close kin from both the maternal and paternal sides of the child's family are invited to attend. Although mothers may be present, they do not play any major ritual role until they themselves become grandmothers. Attaining the status of grandmother marks the completion of a woman's cycle of fertility and is a source of great happiness.

The ceremony usually takes place at the home of either the girl's maternal or paternal kin, alternating as each female sibling becomes pregnant for the first time. This pattern is in keeping with the idea of the complementarity of paternal and maternal kinship. If funds are available, pregnant girls may travel from the cities to their clan village to undergo the rite. The ceremony is twofold. It is described as a time when the pregnancy is confirmed by senior kinswomen and when the girl is 'given the meaning' (Kw.*kumpa maana*). Preferably the *mhunga* at the ceremony will be the woman who attended at the girl's birth and who presided over her initiation ceremony at puberty. Frequently, however, this is not possible and other women, who are ritually knowledgeable and who stand in a similar classificatory relationship to the girl, will substitute.

Women describe the ritual as teaching by example (Kw.*fanya mfano*). It is carried out through role playing, and simple songs which are rich in metaphors are often sung in Kiluguru. Because young women in this area are generally not fluent in their tribal language, women acknowledge the need for translation to Kiswahili. Inside the hut the grandmothers, mothers and sisters gather around the girl and remove her *kanga* in order to see whether it is true that she actually 'has a pregnancy'. Once it has been confirmed, the teaching then commences.

Sitting on the floor, and supported from behind by one of the elders, the now naked girl takes up the birthing position. She is told that at all times she must keep her legs open to assist the child in finding the way outside. Above all, the repeated message is that fear kills the child, frightening it and sending it deeper inside, where it loses its path. During the birth she should keep her eyes closed at all times. Then the *mhunga* produces the *mbugi*, a bell often used during the calling up of the spirits. The pregnant woman is told that the outside of this small

rounded bell is the birth bag (Kw.*mfuko wa uzazi*), the bell inside is the child and the chain linking the bell to its outer casing is the umbilical cord. So it is within the woman's belly. Taking the white *kanga*, which the *mkowa* will wear from the end of the ritual until the birth, one of the older woman goes to the floor and covers herself. Circling, turning and weaving she demonstrates how the child searches for the path to the outside world. Then the women sing to her in Kiluguru:-

Fumufumumnda mwemwana eee ...and then explains.

The baby is twisting and turning in your womb
You shouldn't worry, if you worry you will kill the baby before it is born and you'll miss that child.

As a result of that your husband will divorce you, because you make love in order to get a baby. Just like the banana leaf tears with ease, the child will do the same to you.

Wana sungu sungu woluma eee woluma...

The child inside you will bring you pain on both sides of your body, in your back, in your ribs...be patient you must tolerate this kind of pain.

Unainda wasaugata eee wasaugata kukoma mwana gwee aya wasaugata eee

When you are pregnant don't lie on your belly because you will kill the child, it will drink the water from your belly and it will die.

Nienagungolo gwise upili gwee eee

Gwise upili gwee eee

Niseigele wambo eee

kukoma mwana gwee ee

When the baby comes out, it comes head first and looking downwards. If you feel pain just before giving birth, don't be anxious, by being anxious you will kill the baby and if you kill the baby your husband will divorce you. For you must bear a child, so that your husband can continue with you. Don't cry or you will kill the child.⁸

The women continue demonstrating to the girl how she must push with great strength. And then my friend explains,

"You take something like a basket but very small using string, and you put the dregs of the *pombe* (traditional and ritual beer made from corn or sorghum) inside together with the *mbugi* bell. The basket represents the

⁸ The explanations in English are not direct translations from the Kiluguru songs but are the meanings of the songs as they were interpreted to me in Kiswahili. Such interpretations are similarly necessary for the younger pregnant woman, given that she is rarely fluent in Kiluguru.

mother's placenta and the *pombe* the blood and, of course, the *mbugi* is the baby.⁹ This shows how it is at the birth. This will give a picture of what will come out of her vagina during the birth."

Later the girl is given the *mbugi*, symbolising her pregnant state, and ties it into the corner of her white *kanga*, until the time when she enters into labour. Like the secluded initiand at puberty, or the bereaved wife, the wearing of white cloth marks off the mother, pregnant for the first time, as in a state of transition to a new status, in her case the status of mother. Unlike the initiand and the bereaved widow however, the *mkowa* is not secluded. When pregnant women cover their white kangas with the ordinary colourful *kanga*, I enquire why this is so. Some suggest that she does this so as not to attract the envious attentions of bad people. The sceptical, often the younger women and men, say it is because she is embarrassed by such an old fashioned custom.

Pregnant women and especially those pregnant for the first time are thought to be particularly vulnerable to the envious actions of witches. In fact, of the forty women whom I discussed this with, half confided that they had used some form of *kinga* (ritual protection) to protect themselves and their developing child.¹⁰ Witches are said to 'close' a woman and therefore to prevent the woman from being able to 'open herself up' (Kw.*kujifungua*) for delivery. A Koranic healer explained the purpose of *kinga* to me like this: "Using *kinga* in pregnancy is like putting water on the dish before placing *ugali* (maize meal porridge) on it. If you do this the *ugali* does not stick, it simply slips away easily." As women open themselves up for delivery, they allow the child to follow the path through the door (Kw.*mlango*) to the outside. The womb is described as a birth bag (Kw.*Mfuko wa uzazi*) in which the unborn child lives, housed within the placenta. For many the stomach and the womb are considered as a single organ, *tumbo*, which explains why, on occasions, the *mchango* (worms), described as necessary

⁹ Others described the *pombe* as representing the man's semen.

¹⁰ Given that people do not care to discuss their need for *kinga* in public, it is probable that this is a conservative figure.

for processing food, are thought to be present in the womb and impeding conception.

Women with a history of troublesome demons in childbirth will seek assistance from the *mganga* before the onset of labour. Those, for instance, who have experienced a number of miscarriages attributed to demon possession, will obtain medicine in the form of amulets to wear, or medicines to tie into their clothing. Such medicines close the womb until the onset of labour, when they will be removed to allow the birth to occur. Those whose families seem especially troubled by witchcraft also turn to the *mganga* before problems arise. When women do not seek *kinga*, they comment that this was because they know of no special predisposing reason to need it. Nevertheless, all pregnant women take basic precautions. They tend to avoid sitting at busy and crowded village meetings like initiation *ngoma*, they urinate and defecate discreetly, and bury nail and hair cuttings. In the hands of the witch, the sand on which the pregnant woman has sat or any bodily substances discarded carelessly can form the basis of witchcraft medicine.

Keeping the specific clan *miiko*, the instructions communicated from the ancestors, evokes the pleasure of both the female elders and by extension the clan spirits and assures their assistance for a uncomplicated pregnancy and safe delivery. Her adherence to the particular practices both reinforces the sense of clan identity and shows deference to those senior to her. Women are taught various rules, whose analogical message is self evident: not to cross their legs when sitting, to avoid standing in open doorways, not to walk over a coiled rope, not to scatter water, not to tie their *kanga* around their necks. In general the idea of taking prophylactic measures to ensure well being is a widely accepted view and goes some way to explain the ease with which most women accommodate visits to hospital for antenatal care. Reflecting this, the tetanus toxoid vaccinations given by the hospital to prevent maternal and neonatal tetanus are also called *kinga*, and act as strong motivators for seeking hospital style antenatal care.

Birth

The health, well-being and future fertility of the mother and her new born child are focused on the care of the cord (Kw.*kitovu*) and afterbirth (Kw.*kondo ya nyuma*). This care is the responsibility of the most experienced woman present, who acts as midwife. The placenta is described as the 'house of the child'. When a child is born in the village, clan midwives take the afterbirth and any spilt blood and bury it either inside the house, near the latrine or at least within the confines of the compound. They do this carefully, with the severed cord drawn up towards the surface. In this way its removal suggests planting and propagation rather than burial and disposal. Treating the placenta like this is said to ensure the future fertility of the newly delivered woman, and points to its significance as a mark of continuity. By contrast, when children are delivered in hospital, their afterbirths are simply thrown away 'in the toilet'.

MacCormack (1987:162) describes how Jamaican women show a similar preoccupation with the treatment of the placenta. She notes that many of the women who had experienced hospital birth were saddened by the fact that they were unable to deal with their child's placenta in the traditional way. For these women its 'correct' transfer, to a specifically defined locality, allowed them a means of thinking about and identifying with their past, something which seems particularly pertinent among a group of people whose history is marked by the many discontinuities connected with slavery. In Fulwe, when the placenta is 'planted' with the cord leading up towards the surface of the ground it suggests, in an overtly symbolic way, how ideas of human fertility and clan continuity are inextricably bound up with notions of the life giving properties of the soil.

The child's intact umbilical stump is also treated with care, for should it touch the genitals, the child's future fertility is thought to be jeopardised. Although I did not observe the practice, women told me that in the past the cord was drawn away from the genitals by a small string suspended from around the baby's neck. It is as if the touching of the cord and the genitals might represent a kind of 'short circuiting' of the cycle of continuity which the birth of a child represents. These days the child's genitals are assiduously kept covered by a rag

or nappy until the cord has dried and fallen away.¹¹ Once this has occurred preparations get underway for the child's 'bringing out' ceremony (Kw.*kutoa mtoto*).

I have already described in the previous chapter how this ceremony provides the opportunity for members of both the child's mother's and father's kin to acknowledge the birth of a new kin member and to establish the child's identity. Ideally both the child's maternal and paternal kinswomen participate. The child is given clan medicines, and the clan proscriptive practices from the father's clan are acted out. During this ceremony one of the child's grandmothers, who may have acted as midwife, will discreetly take the separated, dried umbilical stump and hide it in a secret place within the hut. Likewise, in some clans, the first nappy is saved and taken by the senior kinswoman to a nearby tree, often a banana tree, and covered with leaves¹². Midwives are emphatic that it should not be buried, as this is something which happens to dead things and would not be appropriate for something which represents life and future fertility.

Before the 'bringing out' ceremony takes place, midwives 'close' (Kw.*kumfunga*) the child by placing black cloth, rolled into strings, around the baby's wrists, neck and ankles. Sealing the body in this way prevents the entry of *upepo ubaya* (bad air), which is another way of describing the demon spirits. In the course of time, these strings disintegrate and fall away. When they fall off they are not replaced, for people say that they have performed their function and are no longer necessary.

Although the child stays within the house until its cord has separated, the mother may leave the house to be bathed by the midwife, within the compound. The water used during washing is always very hot, a characteristic which they say promotes the healing of the *kidonda* (sore) inside the womb. Immediately after the birth of the child, the mother's abdomen is bound with a length of material, in order to prevent the womb from rising up into the chest and to ensure the belly is drawn in to its pre-pregnant state.

¹¹ For visitors to pay overdue attention to the baby's intact cord provokes uneasiness and suspicions of witchcraft in those responsible for the child.

¹² The banana tree is chosen because it is said to multiply with ease.

The first milk that the new mother produces is discarded by most as '*chafu sana*' (very dirty). This was one practice which village midwives, who had undergone government training, criticised. Instead they advised, as they had been taught, that it contained *dawa* (medicine) which was beneficial to the child. In practice, close kin, who assist the women through the birthing period, and who are breast feeding, may suckle the newborn until the mother's flow is established. Carsten (1992:37) has argued that this kind of sharing of substance 'enables' the creation of kinship. In her example, the kinship discussed is between siblings fed from the same breast. In Fulwe, breast feeding another woman's child would only be acceptable if that woman were a close cognate such as a sister. In this sense the closeness between female siblings is expressed and reinforced. Further emphasising the closeness of the sister bond, children address both their birth mothers and their mothers' sisters (MZ) by the title '*Mama*' (mother)¹³.

All but the closest neighbours and kin avoid visiting the child until after the bringing out ceremony. To celebrate with some kind of feast at this time is a custom which all local people recognise, though of the many ceremonies like this which I attended, most did not provide food. Declining economic circumstances were often invoked as reasons for failing to maintain the full celebratory customs. "*Hali ya maisha ngumu*" (Life is difficult these days). In the present situation, most people in the village felt they could not prioritise food for an occasion like 'bringing out' a child. For the same economic reasons important relatives were often absent, though the 'bringing out' ceremony is always undertaken.

It is clear from the degree of ritual preparation which the child receives, prior to being brought out, that the movement from hut to the outside is viewed as a movement into a different and potentially dangerous domain. Earlier I noted that the placenta is thought of as the house of the child during pregnancy. Just as the passage of the child out of this house, and from the womb, is viewed as potentially hazardous, so too, the child's passage from the house of its kin into the outside world is necessarily guided by ritual practice. The use of medicines

¹³ Similarly father's brother is addressed as *Baba* (Father).

Plate 9: The 'bringing out' ceremony of the newborn



Plate 10: The child is given the *mwiko* of its father's clan.



for washing and feeding, strings to close the child, the hiding of the umbilical cord within the house, all suggest that the inside of the house represents at least a partial refuge, safe from demon spirits and those with malicious intentions.

That the house is thought of as bounded space and in contrast to the outside world, is further emphasised by one part of the 'bringing out' rite which focuses on passing the threshold of the house. Here the child is laid on covered ground, just inside the door. The mother passes over the child seven times¹⁴. Each time she lightly touches the child's healed navel with her toe. On the seventh pass she remains outside and the midwife hands her the child. After this she is shown how to tie the child to her body and, in cases of first time mothers, older women like to muse at her awkwardness. Following this the father's clan prescriptive rituals are performed. Each step takes place according to the prescriptive practices of the child's paternal clan. As such they are essential in confirming the child's paternal relatedness. When there is no acknowledged father, women reluctantly employ the *miiko* from girl's father's clan. As I have described in Chapter Five, it is only when families have specific reasons to feel concerned that the *mganga* (traditional healer) is called to participate.

Generally, this ritual is attended only by women. Nevertheless the father of the child may be present, especially if it is the man's first child to this particular woman. This is also the time when midwives may receive their modest payment, which is described as an *asante* (thank you) or *zawaidi* (gift)¹⁵. While the ceremony may be more elaborate and widely attended in the cases of firstborn children, I found that all infants underwent some form of 'bringing out' ceremony, whether they had been born in the hospital or village. For the very few more orthodox or wealthy Moslems in the village, this traditional *jadi* celebration was sometimes supplanted by the more elaborate and male dominated *Siku Airobaini* (Forty Days), where the *maulidi* is read by Moslem religious men.

¹⁴ The number seven is an auspicious one and used in many ritual performances such as *tambika* and spirit possession seances. Villagers were unable to explain why it had special significance but noted that it may relate to the Islamic religious idea of seven heavens.

¹⁵ Traditional midwives who have undergone UNICEF training, and who occasionally attend non-kin, complain that these small gifts are inadequate. In Chapter Eight I shall develop this theme further in the context of development strategies for TBA training.

In general however, the more modest *jadi* ceremony, with its emphasis on expressions of clan continuity and interdependence, prevails within the village and women, in their roles of *mkunga* and *mhunga*, continue to carry the responsibility for ensuring the fertility of their group.

If problems of infertility in either men or women arise later in life, the actions of the senior woman who was responsible for the *jadi* rites will be re-examined. These may have been neglected or carried out imprecisely and she may be asked to recall the event and a ritual fine may be levied.¹⁶

Fertility and Initiation

More than at any other time in a girl's life, initiation focuses the minds of her elders on the issue of female fertility and its control. The implications of her reaching puberty are clear in the widely acknowledged statement, "*Maziwa ni mali*" (breast milk is wealth/property). Female fertility, in these terms, is recognised as a thing of value, something to be harnessed and manipulated. The swelling of the breasts and the onset of menstruation are potent symbols of a woman's potential capacity for producing children and effecting group continuity. As such the girl's maternal and paternal kin are both involved.

The onset of menstruation in the young girl is called *kuvunja ungo* (to break the winnowing basket) and immediately elicits the attention of her female elders. She is secluded, given elementary instruction on the meaning of the blood¹⁷ and called *mwali* up to the point of her initiation. In the past the seclusion was as long as two years. More often, these days, it is shortened to several months¹⁸. At the end of this period the girl is danced (Kw.*kucheza mwali*). Female initiation does not involve circumcision. The prolonged period of preparation and the acting through of the rite are primarily the responsibility of the girl's maternal and paternal grandmothers, the most senior of whom is called the *mhunga mkuru*.

¹⁶ See La Fontaine (1977:434) for a discussion of the significance of sequence in ensuring the efficacy the ritual performance.

¹⁷ Village women describe the purpose of the ritual as *kumpa maana* (to give her the meaning).

¹⁸ The obligatory attendance at school has dramatically affected the intensity of the experience of seclusion. This point will be discussed at a later point in the chapter.

According to the people of Fulwe the culminating initiation rite, *ngoma ya mlao*, was, in the past, a more protracted ceremony, lasting up to one week. These days it is nearly always celebrated over one weekend. The structure of the events leading up to the ceremony, however, remains intact; a sometimes lengthy period of seclusion, followed by two rites, *kwenda mkoleni* (to go to the *mkole* tree) and *kunema* (to dance). Whereas the male puberty initiation rite *nghula* has been superseded by Islamic *jando* circumcision ceremonies which takes place at any time from the child's birth, the female initiation remains in its traditional *jadi* form and is viewed as essential.

It is not my intention in this section to outline, step by step, the sequence of the female initiation rites¹⁹. Instead I plan to weave the ideas regarding the seclusion of the initiand inside the house (Kw.*kumweka ndani*), the coming out ceremony *kwenda mkoleni* (to go to the *mkole* tree) and the day of dancing (*kunema*) into the broader context of issues which Fulwe people themselves find particularly troubling. In this way the ethnographic details will emerge, but they will do so within the discourses created by the villagers themselves.

The concern to which I am referring is firstly the view that men are increasingly reluctant to acknowledge their children born outside of marriage. Secondly, that the secluded and, as yet, uninitiated girls are at risk from the amorous advances of men. This second point is not a new phenomena, and I will discuss notions of the vulnerability of secluded girls in due course. What is of especial interest is that such advances nowadays should be viewed as largely perpetrated by outsiders. When people talk about these things, the two issues sometimes merge into one, so that such advances, and older people do view them as violations (Kw.*wameharibika*):they are spoiled), are linked with the idea that these outsiders fail to acknowledge children borne out of such liaisons. For many people in the village, the birth of a child to an uninitiated girl represents essential

¹⁹ Details of the structure of the events leading up to the ceremony are provided in Appendix 2. M.L.Swantz (1970:385-415) has described the ceremony and interpreted its symbolism in connection with the neighbouring Zaramo peoples, with whom the Waluguru share many common rituals. See also Pels (1993:153) discussion of female initiation of the Waluguru of the mountain region from a historical perspective and Brain (1977:176-187) for his interpretation of *mlao* as symbolic rebirth.

notions of immorality. It provokes anger, disgust and gossip. The point is that, in practice, such pregnancies are extremely rare.

I argue here that these very real anxieties, voiced especially by elderly women, should be viewed more as a symbolic statement, a social fact or perhaps fiction rather than one grounded in observable, empirical 'reality'. I suggest that it links into a wider discourse about the impact of villagisation, cash economies and government institutions on specific relationships of power and control within the community. In particular, I examine the relationship of control between younger fertile women and their responsible senior kinswomen.

Marriage overshadowed by Initiation

While marriage continues as an ideal to which young girls and their parents aspire in a general way, it is overshadowed in every sense by the need to initiate their young women. Whilst marriage ceremonies are modest, private and apparently relatively uncommon family occasions, the female *mwali* initiations are dramatic, expensive and attract broad public interest and participation. Given that people in the village are very much aware of the cost of such ceremonies in these difficult times, one might anticipate that, like the male initiation, they would be in decline. In contrast to the *chisungu* ceremony described by Richards (1956), the female initiation ceremony is not in decline in this region. While I heard men say that with time these ceremonies would decline, women were adamant that they would continue. This dichotomy of views seems to suggest that the ceremony has a symbolic value for women which men are less inclined to acknowledge.

Because women are traditionally the bearers of clan identity, their initiation as fertile members of their clan is an ideologically imperative. They represent the potential for clan continuity, in a way that men do not. People say that the clan name finishes with the man. While marriage is seen as a desirable institution for enabling the production of children, it is not a fundamental necessity in terms of a woman's identity. By contrast, in terms of identity and provision for the child, it is considered essential for the father to acknowledge his offspring which he does

by giving the child his matriclan name and *mwikos* and through a contract called *kuhalalisha mtoto*. When men show a reticence to support or acknowledge their birth children through contracts outside of a formal marriage arrangement, women responsible for establishing the identity of the child and insuring clan continuity show concern. These are the senior clanswomen and responsible grandmothers, the *wahunga* and *wakunga wa jadi*.

Reflecting notions of matrilineal responsibility, once menstruation starts the *mwali*'s maternal uncle (*mjomba*) is informed. Fathers of pubescent girls are also involved and together with senior clanswomen the three parties carry the responsibility for securing the funding and organisation of the initiation celebrations. In the past the maternal uncle was thought of as the 'owner of the child'. Villagers described to me how in the distant past the mother's brother would have been able to sell his sister's children into slavery, if it was his wish. In present day Fulwe, however, the power of the mother's brother is said to have dwindled inversely with the rise in responsibility of the child's father, so that the father is now described as *mwenye mtoto* (owner of the child).

While male relatives are involved in consolidating arrangements for the care of the *mwali*, it is the experienced clanswomen who effect that care. Elder women are vigilant in their control, protection and preparation of their young pubescent girls. They are a source of great pride and are perceived as vulnerable. From the onset of menstruation until the 'coming out' ceremony, the young women initiands are ritually marked by the transition from *kigole* (pre-pubescent) to the special in-between status of *mwali*. Most obviously, and in line with the commonly shared custom of many coastal belt peoples of Eastern Tanzania, the girls are placed in seclusion from the actual onset of their menstruation. Physical and social maturity are indistinguishable. But this seems almost a symbolic gesture these days since, by national law, girls must continue their primary schooling, despite the clan rules on seclusion.

In practice this means that once menstruation begins, they spend an initial seven days (Kw.*Siku Saba*) inside the hut with their responsible elders. During this time the *mwali*, as she is immediately named, is introduced to the

practicalities of coping with menstrual blood. After this she may only leave her seclusion room to attend school. In school she participates as a normal student and is called by her birth name. When she returns to the seclusion room she removes her uniform and covers the lower half of her developing body with the white sheet, which she continues to wear, unwashed, throughout the seclusion period²⁰. Elderly people, especially mature women, are emphatic that seclusion, even in this modified form, is essential for the satisfactory production of adult women. Sceptics, however, can be found amongst men with positions in the local branch of the national party, orthodox Moslem religious leaders, young men with city experience and people from other ethnic groups. In other words those for whom clan affiliation has less or at least a dwindling significance.

For most villagers a pregnancy in an uninitiated girl is a village scandal. It is a source of unmitigated shame which contrasts sharply with what would be considered an unfortunate slip in an initiated but unmarried girl. Because of this a good deal of energy is directed at ensuring that pregnancy is avoided, at least until the time of the initiation ceremonies when girls, in the past would have been given directly in marriage²¹. Nowadays direct marriage following initiation is rare enough to provoke comment.

Although the prevention of pregnancy is only occasionally given as the reason for seclusion, pregnancy in an uninitiated girl is not quickly forgotten. The older women say that should any such woman attempt to attend the celebration of another *mwali*, she would be chased away. The occurrence of a pregnancy in an uninitiated girl, like the expression of fear during labour, is considered an excellent subject for ridicule in the songs which are composed at the ceremonial *mkole* tree on the first day of another girl's initiation ceremony. Songs warning young girls about illicit sexual encounters are common on the days of initiation, when the *mwali* is carried, childlike, on the back of her *mnandi* (initiation

²⁰ In Chapter Eight the issue of initiands attending school is discussed at length.

²¹ See Richards (1956) and Turner (1967) for a discussion of the practice of direct marriage following *chisungu* and *n'kanga* initiation ceremonies. See also Mzuanda C.J. (1958) for a description of Waluguru marriage practices.

assistant), to sit passively at the base of the *mkole* tree. Then the women gather around and sing to the *mwali* and to one another,

*Baba kanipiga kosa matembezi,
Nami mtoto wa kike kuacha siwezi.*

Father beat me because of my wanderings,
I am a girl, I can't help it,

*Dada Bahati tuliniambia eeee
Utapata mimba, utakuja kulia.*

Sister Bahati we told you,
You will get pregnant, you will cry.

*Mara kwa Juma, mara kwa Rhamadhani.
Utapata mimba utalia na nani?*

Sometimes with Juma, sometimes with
Rhamadhani,
You will get pregnant and then who will you
cry with?

*Baba na Mama walinihusia eeee
Ukifanya umelalaya jua utaangamia.*

Father and mother have advised me,
If you sleep around you will suffer.

Songs like this are frequently composed spontaneously for an occasion like initiations. Others one hears repeated time and again. Because such strong feeling is evoked by the idea of a pregnant *mwali*, if it should occur I was told responsible elders of the girl's kin group may act swiftly to ensure their pregnant [classificatory] granddaughter completes the rites before the pregnancy is evident. This may mean that seclusion, normally several months to two years, may be as short as one month.

At any time of the agricultural year, following the onset of menstruation, *wali* are entering into the state of seclusion, "*Anakaa ndani*" (she stays inside). Initiation rituals themselves are individual, annual celebrations which follow in the months after the main harvest. In a period which is otherwise given over to comparative relaxation, the initiation of a *mwali* is a busy time of excitement, preparation and expense for those that plan to *cheza* (dance) or 'bring out' their girls for initiation. It is a community event and the talk of *ngoma* (drums) is widespread.

Passive but Potent with Latent Creativity: Catching the *Mwali*

When relatives and friends of a family come to visit the *mwali*, she takes up the ideal posture, curled in a white sheet, on the bed in the darkened room. She talks in whispers when spoken to and averts her gaze away from the visitor. In her passive fetal-like pose the visitors look at her, talk about her and gossip about the plans for

the forthcoming intitation. This institutionalised passivity stands in strong contrast to the show of potent sexuality that takes place on the second day of her *ngoma kanema*, when she is described as dancing on the shoulders of the *mkasamo* (usually a male relative)²². During the time of seclusion, until the morning of the final day of her initiation, it seems that her budding sexuality must be contained and controlled. When initiands are entered into seclusion, people describe this as *kukamata mwali*, or to catch her, implying the need for control.

A *mwali*, lying in a darkened seclusion room, is encouraged by her guardian to expose her breasts, the symbol of her emerging fertility. When visiting the daughters or granddaughters of friends who had *wali* in their homes, the guardians would invariably draw my attention to their developing bodies, "Look at her milk [breasts], hasn't she a lot..isn't she plump". The interest which elders lavish on their female initiands is overt. One of the explicit aims of seclusion is to enhance her attractiveness to suitors by making her fat and her skin pale.

Most women enjoy being given the role of caring for the *mwali* (Kw:kualika). Indeed related men, deferring now to the wishes of their female relatives, compete and negotiate for this responsibility. But these same women also enjoy complaining that their charges are difficult to control. It seems, though, that the jokes are charged with genuine concern. Going to school, they say, makes their task of overseeing virtually impossible and they voice their frustration, as this comment from an elderly friend suggests, "These days there's no keeping them in. They go out, and do as they like, and get ruined by men." Doubtless, the difficulty of controlling the *mwali*'s awakened sense of sexuality has always been the guardian's angst and people joke and compare themselves to the female initiands of the neighbouring Wazaramo who are secluded for so long that it is not uncommon for them to emerge from seclusion having already given birth.

However, before I consider the problems which school attendance seems to pose to the guardians of *wali*, I shall talk about the general sense of vulnerability which people attach to the status of the pubescent initiand.

²² Pels (1993:158) describes the rite as practiced in the 1930's when the *mkasamo* was frequently the girl's future brother-in-law. In the present day ceremony it may be any strong man.

Vulnerability of the *Mwali*

In her liminal and ambiguous state of emerging fertility, guardians have always acknowledged that the *mwali* is vulnerable to the malevolent actions of others. Old women tell stories to their giggling *mwali* about lions entering the *mwali*'s home to abduct and then devour her²³. Most people have a horror story about the family who failed to get satisfactory protective medicine for their initiand, only to find that she became ill on the days of the ceremony, or even died before completing the initiation. For most people the fear is that the *mwali* will fall from the shoulders of her *mkasamo* (male relative) on the final day of the ceremony. The need to protect her newly acquired fertility is a recurring theme throughout the period of seclusion and the final two day initiation rite.

Visits to the seclusion room by the family *mganga* or healer are so common amongst *mwalis* as to be considered the norm. Nevertheless, women may be reticent to admit, in front of fellow villagers, that they have felt the need for such visits. The *mganga* provides protective medicines in the form of vaccination (Kw:*anachanja*) or an amulet which is worn on the upper arm. The initiand wears this from the end of the seclusion period, through the days of the celebration and on, until it naturally disintegrates and falls away. Guardians explained to me that they seek to prevent the envious intentions of 'bad people' through such treatments. The threat of witchcraft is a common anxiety which reaches its climax on the final day of the initiation celebrations.

Because the ceremony of the *mwali* is always an open event, it attracts a cross section of the community, from relatives and neighbours to the simply curious. The obligatory openness and hospitality during the ceremony at the *mkole* tree and the time of *kunema* or dance increases the fears of those in charge. Nobody can be sure that there are not 'bad people' present and the identity of witches can only be suspected. People agree that whilst witchcraft is likely to be carried out by someone known to the family, rather than a stranger, increasingly these days the perpetrator may be someone who is simply envious of the *mwali*. Several people recounted stories of grandmothers of the *mwali* being responsible for such jealous

²³ The lion is frequently seen as a symbol of the mature and fertile male cp. Pels (1983:157), Richards (1956:189).

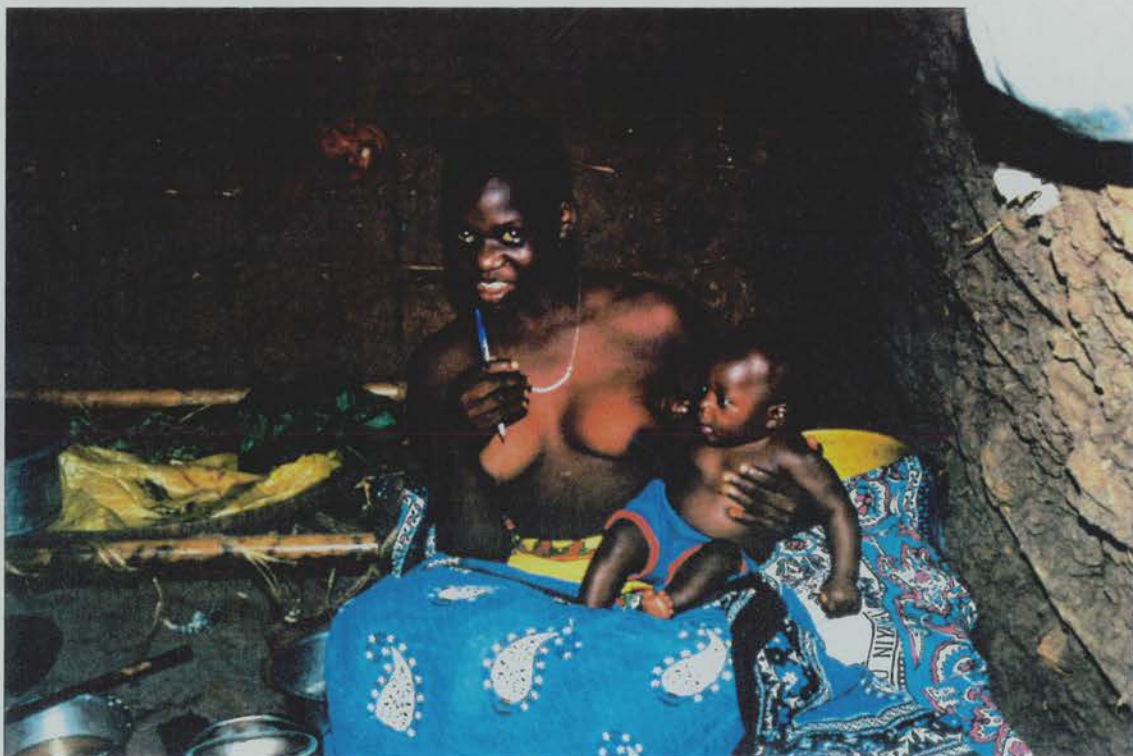


Plate11: Symbols of fertility
A secluded *mwali* poses with her baby brother



Plate12: Descended from the shoulders of the *mkasamo*, the *mwali* is supported by a kinswoman on the final day of initiation.

and malevolent acts. The target of the malevolence is understood to be the *mwali*'s fertility. The protection of her fertility is perceived of as the responsibility of the senior women in charge of the ceremony who must also ensure that the precise sequence of the ritual is correct. Inability to conceive a pregnancy later may well be divined as the fault of the *mwali*'s *mhunga*, the ceremonial leader, who has been careless in her ritual duties.

Since the future fertility of the girl, of clan continuity and the reputation of the ritual specialists are at stake, the elder women, led by the *mhunga*, negotiate the format carefully. This involves contributions from both the *mwali*'s maternal and paternal clan. Each clan will have particular pre and proscriptive practices. Sometimes negotiations can be heated. "We Wazaramo, we wash and remove the [pubic] hair of the *mwali* on the Sunday morning...that's when the *mnandi* should do her work." and the other grandmothers "Well, we people from Kikundi [village] we always bathe them on the Saturday after the *mkole*". Both sides state their views, and after this it is a matter of the strength of the various characters involved to argue their cases.

Identical Anxieties, New Metaphors: Reworking the Lion Story

Against this background I want to reintroduce the ideas of my elderly companions who feel that their *wali* are at risk from violation by outsiders. As I have shown, the need to protect the now evident fertility of the *mwali* is not a new one. The *mhunga* takes many ritual precautions in her preparation of the *mwali* but now there appear to be new anxieties, new risks. Binti Fundi echoes the fears that I heard in many conversations, especially with responsible elder women.

"Long ago they didn't go to school. But they [the elders] weren't worried [about them going into school]. They said 'Listen, we haven't intelligence (*Kw.akili*), they can get it. What do we know? We just plant, but our children are getting intelligence'. But these days people are frightened of the teachers. In just the same way they ruin them. These kind of pregnancies in this village are a fact. They say '*Mwalimu Fulani kanipa mimba*' (Teacher So and so gave me a pregnancy)". "And how do the teachers respond?" I ask, "They deny it."

This fear of uninitiated girls being impregnated by teachers is not an uncommon theme in local gossip. An additional and significant point is that it is not only teachers that are blamed for these transgressions. The same was said of the oil pipeline workers who man the nearby pumping station, truck drivers who travel through the village on the main Dar-es-Salaam to Zambia highway, and the police who control vehicles on a traffic checkline situated in the village. Compounding this perceived problem, is the idea that these 'outsiders' are frequently characterised as refusing to accept paternity for the children conceived within these liaisons. A conversation with *Mwalimu* Patrick, an older divorced teacher from Bukoba who teaches and farms in the village, substantiates the strength of feeling and sense of distrust which permeates the village on this issue.

It is quite common for teachers in the village to use (*Kw.kutuma*) school children to run errands for them, to bring water to their house, and even to work their gardens. This is seen as the privilege of teachers and some recompense for their meagre salaries. But *Mwalimu* Patrick never allowed young women students into his home.

"You know Valeria, when a young girl comes into your home, perhaps to bring you water, and then later becomes pregnant she will blame you. She will say 'That teacher, he gave me this pregnancy'. It is not safe. I refuse to have them come to my house."

Given these opposing views, what is the actual situation? Putting it explicitly, are teachers and other outsiders getting *mwali*'s pregnant and then refusing to acknowledge paternity? As I indicated earlier, such pregnancies are actually rare. From my data on sixty women who gave birth in a thirteen month period in the village, fourteen of those were experiencing the birth of their first child. All fourteen were both initiated and had had the paternity of their child acknowledged by the father. Now I do not intend to suggest that these very real anxieties of the elders are completely unfounded. In fact, I did become involved in cases where women were fighting to have the paternity of their children acknowledged. However, these cases were all women who had already birthed several children. Furthermore, I did know of a teacher who had made a student pregnant, but he had paid part of the brideprice and taken her to live as his wife.

Perhaps numbers help to clarify the situation empirically, but it does not explain the undercurrent of concern among senior clanswomen. Rather, this issue seems to hinge on perceptions of risk and the source of the perceived threat, both of which I think can more usefully be considered within a framework of symbolic analysis. Are these fears, for instance, a reworking of the story of the lion who entered the *mwali*'s hut to abduct her, or the witch who aspires to bring about the downfall of the initiand? Viewed in this way, the image of the violated *mwali*, created by my elderly companions, can be seen as a metaphor for the loss of control and distrust they sense in the face of impinging influences and values from the city and state. Now the powerful and potentially threatening are thought to be those who represent the dangers, not of the bush, but of another similarly ambiguous space, the city. Goddard (1987:167) discusses a similar concern articulated by the families of young Neapolitan women, whose daughters were faced with the option of waged employment in factories. She argues that, as the carriers of group identity, young women's association with *foreigners* through this kind of employment, corrupts their young nubile women and threatens the integrity of the community. Okely (1983:211) also describes how the control of sexuality among gypsy women is seen as a way of protecting the cohesiveness of the ethnic group from a threatening and dominant society made explicit in the form of *gorgios*.

I suggest that we might expect to witness symbolic expressions of disjunction, such as those described by the elderly women in Fulwe, at points where local notions of morality and social order are challenged by ideas of modernity made apparent in the emblem of 'the Other'. Concern remains focused on protecting boundaries and guarding central values of the community. In Fulwe, these values are condensed into ideas of protecting the fertility of young women. Couched in the contemporary language of their own particular form of communal nightmare, it seems to me that elderly women are seeking a way of dealing with and communicating their fears about the incipient erosion of their authority and power as the effective guardians of communal fertility and group values.

Richards (1956:150) describes the way *chisungu* initiation stresses ideals of fertility, children and food as well as respect for authority based on age and descent. In this sense there are many parallels between these and the female initiation rites in

Fulwe. However, in contrast to Richard's claim for the Bemba, the idea of marriage is not an essential feature of the *mkole* or *mlao* ceremonies. In Fulwe marriage rarely follows on from initiation, as people tell me it once did, and yet the ceremony maintains its central importance. I suggest that this is the case because it is not marriage which is celebrated, but the notion of clan complementarity and interdependence, and that initiation and birthing rites act primarily as fora for establishing and enacting these ideas of relatedness.

Women are first and foremost women of their mothers' and fathers' clans. They are ultimately the carriers of clan identity. The need for participation of maternal and paternal kin at initiation marks this. Their relatedness and identity through marriage is only ever of secondary concern to women. Conversely, especially given the shift in ideological stance in terms of male responsibilities for children, establishing the identity of children must be made explicit through 'bringing out' ceremonies which emphasise the father's responsibility for the child. The enactment of these ceremonies are especially important to responsible women in Fulwe, where children are increasingly not bound to fathers through official marriage contracts and where divorce is a common strategy. As I have described in this chapter, the efforts and actions of the *mkunga* and *mhunga*, as senior clanswomen, remain focused on enabling, reinforcing and celebrating these specific forms of relatedness.

In their seclusion and birthing huts, young fertile women and grandmothers represent polar extremes on a continuum of experience, responsibility and ritual understanding. The *mwali* and young pregnant woman are passive, submissive and ignorant, the *mhunga* and *mkunga* active, assertive and knowledgeable. But in the symbolic space of the classroom or hospital delivery ward this relationship may well be challenged. In the final chapter I will return to consider the important relationship between knowledge, experience and power in the context of these social changes. In the next chapter I turn to a consideration of gender relations in Fulwe.

CHAPTER SEVEN

BALANCING THE COOKING POT: GENDER RELATIONS IN FULWE

Introduction

In Fulwe, when young women are prepared for ritual initiation, they are told, amongst other things, that they should be *mpole* (quiet ones), they should respect and obey their husbands and honour guests in their homes. But underwriting these ideals of feminine comportment lies another alternative and ironic agenda. For women also say that in order to succeed 'a woman needs a garden as well as a farm', and that 'to balance the cooking pots, the cooking hearth (Kw.*mafiga*) should have not one, but three stones'. A middle aged grandmother, with laughter in her eyes, explained to me, "when we say a woman should have her farm to provide *ugali* (staple food), and a garden to provide the *mboga* (vegetables), we mean that she should have a husband to provide the basics of everyday life, but she should also take a lover to bring her the gifts". And similarly I have been told, "just as a woman cannot cook successfully with less than three stones on the hearth, she cannot succeed in life with the attentions of just one man."

When I discuss this with other men and women, I tentatively suggest the existence of a paradox or a *non sequitur*. But where I see potential contradiction, they, in their contained smiles, wryly recognise a benign and even 'natural' duplicity, the tension within which resonates with a kind of creative energy. It is this kind of energy which fuels important aspects of intimate relationships between the sexes in Fulwe, and which finds expression in the traffic of secrets and, when discovered, the sometimes visible disputes between men and women.

In previous chapters I have shown how no consideration of gender relations in Fulwe would be accurate without considering the equally important issue of age relations. Age brings with it experience which, for women, is made explicit in the birthing of children. The influence of women in important domains of social life changes through the various stages of their lives, just as it does for men. The nature of these relationships is also contingent on the broader structural

changes mediated by villagisation, the introduction of cash earning activities, access to state run institutions like education and hospitals and increased mobility. Gender identities, within the context of time, are therefore not static status or roles to be conferred, but are identities based on a variety of available and slowly shifting images that shape ideas of the self and afford potential strategies for action.

What emerges from a consideration of gender relations in Fulwe is that women cannot be accurately represented through the device of a single gender ideology. Indeed, as I have started to demonstrate above and in previous chapters, the textual analysis of fertility and birthing activities alone reveals several multiple and sometimes apparently contradictory ideologies that inform the self images of women at different stages of their lives and in changing circumstances. Such ideas give shape and dynamism to their relationships with other women and men in particular situations. By looking at the nature of these relationships and how they are talked about, I explore the play between these multiple gender ideologies, examine the way they are created and maintained and how they can be manipulated, utilized and challenged.

Miegs (1990:107), in her study of the Hua peoples of Papua New Guinea, critically points out that there has been a tendency in ethnography for women to be represented as a residual category, outside the normal constraints of political and economic manoeuvring. She emphasises that gender is but one category, amongst many significant others such as age and class, which define people's sense of self.¹ What I will show in this chapter is that women in Fulwe are interested in strategising, and that it is something which they do mainly through their most valued assets, their children. Furthermore I suggest that deteriorating economic conditions threaten the success of this strategy for some groups of women.

While it is not my intention in this chapter to chronicle the substantial economic problems that have beset Tanzania following villagisation, and

¹ According to Bordo (1990:133) recent feminist literature especially from the USA has emphasised that it may well be flawed methodology to "cut" reality along strictly gender lines since this in itself perpetuates the idea of gender as a hierarchical, binary construction of reality.

especially since 1984, it is important to understand that these deteriorating material circumstances are felt daily by many rural and urban dwellers.² UNICEF (1990:5), in their Situational Analysis for women and children in Tanzania, show how recent economic difficulties correlate with a failure to improve the health of women and children countrywide. Rising costs, increasing dependency on cash resources, and environmental degradation press poorer families, in particular, to look for creative strategies to acquire even the essentials of life; food, water, shelter and support for children. I have suggested earlier that women have traditionally strategised on the basis of their children. At the heart of this practice is the belief that men need women in a way that young women do not need husbands, that is for the production of children. Viewed from this perspective women, and those who control them, maintain an effective bargaining position.

However evidence from this study suggests that for those women from economically compromised backgrounds, alliance forming through children is becoming less successful. Of the fifty two recently delivered women for whom I have evidence, I find that fifteen have no formalised affinal support but instead rely largely on their own parental kin and occasional *ad hoc* contributions from the child's father.

The Rhetorical Management of Gender Identity

Fairly early on in my fieldwork experience I was advised by an elderly male companion that if I wished to know how things really were in the village then I should talk first to the women and then to men, and then put the two different stories together. His advice has a certain relevance in this chapter about gender relationships, for it is clear that he recognises there to be essentially different views of reality based on gender, a point echoed in numerous conversations and situations with village people. What I am concerned to demonstrate here is how that difference is articulated. However, rather than dwelling on notions of

² Recent UNICEF (1990) statistics which reflect economic and social conditions are presented in the Appendix I.

political and religious authority, which need not be equivalent to the focus of power, I opt to examine the flow of power between the sexes, and how it is created and maintained. This is what I have called the rhetorical management of gender identity.

Much of the early feminist literature in anthropology centred on the issue of the universal subordination of women. Simply looking to existing ethnography for validation of this perspective launched an important wave of critical debate which, at root, called for the reappraisal of how ethnographic accounts are constructed and given authority (Rogers 1975).³ The issue became not a straightforward question of adequately representing women's perspectives, but of understanding how women, amongst other groups, articulate power which they can be demonstrated to hold, but which may lie outside conventional institutions of authority. As Ardener (1975:5) suggests, if this power relationship is viewed from the perspective of male dominated political institutions, then women may be seen as muted in these areas of representation. If, on the other hand, women are given a voice, then what emerges is a more complex picture of power relations. Moore (1986) makes the observation that by allowing the voice of muted groups to be heard in the broader context of the dominating view, we are more likely to get access to issues of real power. As she notes,

The ruling or dominant group in society always present their culture as both natural and as a culture of a whole society. The analysis of a muted group is an approach which attempts to dismantle this presentation and look at conflicting interpretations and positions within society. [The former kinds of analysis] frequently emphasise coherence and systemness at the expense of concepts like conflict, contradiction and power. (1986:74)

Moore (1988:35) is careful to point out that dominant cultural constructions of gender rarely reflect actual relations between men and women, or their observable contributions to production. Understanding this suggests that power is as much to do with the rhetorical management of ideas as it is about access and control of available resources. In other words rhetorical statements by men and

³ It is perplexing to note that Clifford and Marcus's (1986) influential text, *Writing Culture*, fails to acknowledge the contribution of this feminist literature to the critical debate about representation.

women can work to maintain or to challenge ideas about gender relations. Rogers (1975:727), in her work with French peasant communities, explores this view through what she calls the myth of male dominance. In her overview she considers the many ways peasant women exercise power and control resources, despite their public deference to men. However Rogers does not provide a convincing argument for why women should support such a myth, except to say that it maintains a kind of social equilibrium based on a balanced interdependence. If we want to understand the way rhetoric works to perpetuate or challenge representations of this kind, I suspect we need to turn to occasions when particular ideas of propriety are breached, where tensions between the imagined and the actual are being negotiated and to think about the range of metaphors that are brought into play to endorse or account for this behaviour.

This perspective links into established feminist arguments which call for the rethinking of concepts such as the significance of public and private domains in power relations. When women and men in Fulwe sometimes say that outside the home a woman should show respect by deferring to her husband, but that once inside they may speak their mind, what does this tell us about the actual dynamics of decision making? In terms of influence can we sustain the argument that the public domain is to private, as men is to women, and dominant is to subordinate? I believe we have moved on from this perspective.⁴ Bhabha (1994:10) for instance quotes Arendt in describing the difference between the private and public domain as the difference between the secret and hidden, and the revealed. This view crosscuts any distinctions on the basis of gender alone. Both Beidelman (1993) and Bledsoe (1980) successfully overcome the problem of stereotyping and oversimplifying gender defined behaviour in terms of private and public by discussing the strategies which women employ in order to overcome certain institutional, often male dominated, controls on power. Bledsoe (ibid:178) is especially concerned with understanding how women manipulate sometimes

⁴ Moore (1988:21) discusses how such notions may well be the perspective of a western historical tradition that sees women located exclusively in the home space which is devalued and which is then conceptualised in opposition to public space.

difficult situations to their advantage by using jural rules as resources as well as sanctions. A point which I shall be returning to later in this chapter.

In amongst the rhythm of daily life in Fulwe I find it difficult to sustain the use of a concept like dominant and subordinate positions when describing the relationships between men and women. The ideas about gender specific behaviour, which shape and are shaped by the actions of people, are woven through with so many double messages, that to explain the full gamut of behaviour by reference to a simple dichotomy of positions is not only to perpetuate a now anachronistic language of opposition, but must surely deny the complex nature of these relationships. Nevertheless by rejecting the dominant-subordinate equation I do not wish to deny the politics intrinsic in relationships of this kind. The creative tension to which I have referred in the introduction is, in itself, an indication of the need to address this aspect of gender relations in Fulwe, but in a more flexible way than a one dimensional hierarchical flow of power between the sexes. In order to give a feel for the complexity of the situations people find themselves in, this chapter includes two life histories and a case study which place the issues raised in this chapter into the context of people's actual life experiences.

Negotiating Relationships

I have suggested elsewhere that marriage remains an ideal to which families of the young people aspire. Especially for the newly initiated woman, the satisfactory arrangement of a marriage to a man of sound reputation is hoped for and yet, in the present climate of economic uncertainty, occurs only occasionally and through patient efforts. As I described in Chapter Six, in the past women were frequently married in a ceremony following directly on from initiation. Nowadays this is rare. If families in Fulwe are able, they may send their young initiated women to relatives in Dar-es-Salaam or Morogoro in the hope of making a satisfying match. Village girls are often characterised as quiet ones, physically fit and used to hard work and are, in these terms, seen as desirable wives. Conversely village girls themselves hope for a marriage in the city, where they

imagine an escape from agricultural work, water carrying and the pedestrian lifestyle of the countryside. Indeed these days it is a popular term of derision, even in the village, to refer to someone as *mshamba* (a farm dweller) with its connotation of ignorance of modern city life. Finding a suitable prospective husband for women may happen spontaneously, through relationships formed by young people in school or at village *ngomas*. Just as often, however, marriages, when they occur, are arranged through families and friendship networks and the couple will not know one another well when they marry. While villagers remember how the preferred marriage in the past would be a cross cousin match, this rule now has little meaning for them.

Marriage arrangements in Fulwe are typically woven through with notions of social and economic strategy, though there has always been an element of choice for prospective couples, albeit guided by parental advice. To ensure the good reputation of the prospective partner, the head of the family will generally appoint a trusted relative or friend to make discreet enquiries within the neighbourhood of the man or young woman. Keeping on reasonable terms with one's neighbours can prove pivotal in this regard. But the outcome is not always positive. The clan of one of the midwives whom I worked with, for instance, had a well established reputation for practicing witchcraft. As a result, although there seems to be an overwhelming dearth of eligible men enthusiastic for marriage, her son had been refused three times. On the other hand those clan families who are considered sound, possibly more affluent or politically influential, may confidently expect to attract a desirable suitor.

Where the outcome of preliminary enquiries is favourable, a senior clansperson will be appointed as *mshenga*, and directed to approach the family of the young woman. Brideprice (Kw.*mahari*) within this region is considered small and, when I was in the village, was generally between Tsh10-20,000, but could be as little as Tsh.5,000 (£7). Given that a good crop of tomatoes could secure Tsh.80,000, older people complained that the payment, of which they were part

beneficiaries, was negligible.⁵ Nevertheless, even part payment is considered an acceptable positive affirmation of the young man's intention to honour the arrangement, and allows the couple to establish a home together.^{6 7}

These kinds of arrangements are most likely to occur when the young girl is a recently initiated *mwali*. However, older people, remonstrating that men are less inclined to formalise marriages than in the past, say, "these days men want women for free." If initial efforts to secure a fiancé for the girl fail, then she is admonished by her elders to *kaa kimya* (remain reserved), and not to wander near the road which, with its connotations of the city, is recognised as a source of temptation and corruption. Where marriage offers are not forthcoming, the parents of the girl's family may anxiously seek the advice of the *mganga*⁸. This period, following initiation and before a suitor has been found, is regarded by the responsible elders as a dangerous liminal period when the young girl is vulnerable to seduction by the amorous advances of men. Indeed many young women become pregnant during this time, without securing any formal contract. The songs sung at the time of the *ngoma* echo the temptations, dangers and excitement which await the now fertile but unmarried young women.

Once upon a time is the beginning of this
story,
My love, you still hope to make love to me,
So what's the problem?
Between me and that one, who is loved
more?
I like the tall black one.

Once upon a time is the beginning of the
story,
God has given me a gift of love and I should
share it, I can't hide myself.
God has created me to be a woman
If I can't find him who will I do it with a
louseice?

⁵ Brain (1969:129) points out that brideprice has historically always been low amongst the matrilineal Waluguru.

⁶ The brideprice is generally divided into five parts and split between the girl's relatives. *Gweku* for the girl's grandfather, *mahari* for the girl herself, *mkaja* for the mother of the child and *Gumba ya Ulam* for the mother's brother.

⁷ Beidelman (1993:16) points out that amongst the neighbouring Kaguru people bridewealth is generally proportionate to the autonomy that a man can claim from his affines.

⁸ I have discussed the possible routes to therapy in Chapter Five.

My brother Rhamadhani try to control your temper,
 I don't want to make love with Saidi more than you.
 I don't want any lover in Mikese, only you,
 I don't have any other more important than you.

Kagia was my first lover, but now I don't see him,
 He has inherited my love so I can't forget him,
 I still love him, so he still lives in me.

I was sitting on the porch plaiting reeds,
 Suddenly an old man passes with two shillings in his hand,
 When the old man saw me, he was overcome with excitement.

I was sitting in the window brushing my teeth,
 I saw a wealthy lover with a fancy US haircut, He tried to seduce me but I refused.

Malele, Father, malele Mama,
 Malele Father, they should stop lusting after others,
 Ali says its better to make love with socks [condoms],
 But Juma says sex with socks on is an abuse,
 Friends you should do it with socks,
 Friends, Aids, do it with socks,
 There's nothing without socks.

Sister Bahati we have told you,
 You will get Aids, you will cry,
 Sometimes you are making love with Rhamadhani,
 Sometimes with Juma,
 Who will cry with you when you get Aids.

The songs resonate with the girl's excitement about her new found sexuality and the idea of freedom. But they are also full of warnings to women who do not practice control. I was told that in some renditions of the songs, the fear of Aids was replaced with the fear of pregnancy. But fear apart, what most young, newly initiated women clearly desire is to form intimate relationships and to produce a child. Controlling this desire, until a formal commitment can be made, is fraught with problems for responsible elders, and is frequently unsuccessful.

Breast Milk is Wealth

In Fulwe, when men say that in the past the mother's brother had the power but that now that power lies with the father, they suggest that the principles of social organisation regarding children have changed. The people from west of Fulwe to the areas of Ukaguru and eastwards to the coast were described by Beidelman in 1967 as the matrilineal peoples of Eastern Africa. In the past women have held considerable power in terms of electing clan leaders and rights to both offspring and land (Brain 1976:267). Nevertheless the influences of

Islam, colonialism, the commercialisation of local economies as well as government attitudes to family order mediated by villagisation, have all acted to strengthen the jural position of men in relation to their birth children. M.L.Swantz (1970) observed this situation during her research in the coastal areas near Dar-es-Salaam. She notes that the move to greater patrilineal importance was eased because the existing matrilineal systems of the Wazaramo already showed a clear bilineal influence. Like people in Fulwe, children receive names from both the mother and the father's clans and prescriptive practices from the father. In describing the introduction of Islamic law under German colonial rule, she says

The new legal system of [Islamic] law must have had the impact of strengthening the patrimonial inheritance pattern, and with it the general influence of the father in the total system. [Though] even now, one cannot generalise by saying that the Islamic law is always followed (1970:111).

From the onset of colonial government, and on into the period following independence, the gradual introduction of cash generating activities to rural populations have encouraged men's rather than women's participation (Brain 1976). Villagisation in Fulwe has escalated this trend. To a degree younger men, with greater access to personally generated incomes, have become comparatively freer of financial dependence on their elders. Moreover, in the village, culturally constructed ideas of propriety mean that while women may grow cash crops like tomatoes, they are discouraged from active involvement in marketing them. This has the effect of giving men control over the cash incomes to many households. Young men, especially, are often concerned to build up some kind of economic base, through commercial enterprises in the village or city, before making commitments to women partners and their kin groups. Conversely, after leaving school, young women have fewer opportunities for this kind of enterprise. Whilst they may become involved in petty trading within the village, their clan relatives focus their energies on seeking out a marriage partner. In this sense, women's prospects are different to men's and continue to be shaped by matrilineally expressed ideas of kinship alliance through the production of children with

suitable partners. In their early adult years then, young men and women are motivated by very different imperatives. The latter aspires to marriage and the production of children, whilst the former seeks to delay such commitments. It is this factor, together with the shift in ideas about male responsibility for the welfare of children, which has produced a different set of circumstances for young parents in Fulwe.

Poewe (1981:95) describes how the traditionally matrilineal people of Luapula, Zambia have responded to the influences of capitalism. She firstly notes that the values of capitalism; scarcity, restricted access to resources and the perception of a bounded universe of diminishing returns are opposed to the matrilineally mediated ideas of abundance, unrestricted access to resources and people and the perception of an unbounded universe. She argues that in Luapula, those individuals who benefit from commercial practices, justify their emerging individualistic attitudes to property and resources by embracing Protestant ideology. She concludes her argument by saying,

Women control land because they work it and pass it on among one another and because they are part of the decision making processes in the lineage, clan and village affairs. If there is any sadness in the state of female conditions in Luapula, it is that an increasing number of women are being persuaded to exchange their autonomy for the material benefits which reformed husbands and Protestant churches promise them (1981:98)

And yet, in Fulwe, despite the influences of Islamic ideology, the introduction of cash economies and the government emphasis on patriarchal power structures within the family, ideas of a matrilineal-based order continue to inform certain aspects of village life. Ideally, men and women have equal access to land for farming, which they often undertake independently. Both men and women are able to inherit land and other property from both their mother's and father's clan. Throughout their lives, women maintain the identity of their parental clans rather than taking on that of their partner's at marriage. But matrilineal ideas seem especially prevalent in informing the actions of women in relation to their childbearing. Men may claim to be the owners of children, but ultimately it is the woman and, by extension, her natal clans, who may claim the only indisputable relationship with the child. This gives women a decisive

advantage in situations where children are considered a source of wealth. When women tell me with pleasure that 'breast milk is wealth', they confirm their belief that their potential as childbearers continues to be one of their most valued assets.

Reflecting the gender bias of their time, authors like Schneider and Gough (1961) and Keesing (1975) describe matrilineality in terms of men's various rights to children. In describing relationships in this way, they seem to suggest that women are passive agents in these arrangements. On the other hand, if we give women a voice it allows us to examine how women actually strategise on the basis of the indisputable nature of their relationship with their children.

The competition for children between mother's brothers and father's of children is a well documented conflict, which has been described as the 'matrilineal puzzle' by Richards (1950:246). In the past women in Fulwe were quickly married but they also divorced with ease, if situations became unfavourable. They were able to do this because of their enduring ties to parental clans through their matrilineal claims. Women had and continue to have access to farm land. This, coupled with the notion that their brothers were equally interested in a woman's children, allowed women to maintain considerable bargaining power within relationships with their husbands. In this sense, the alliance between a woman and her conjugal partner has always been potentially contentious. Above all a woman's position was bolstered by her ability to produce children for different parties of interested men.

The suggestion of a deep seated inclination to marital instability is described by Beidelman (1993:18) when he notes the potential conflict inherent in groups of peoples whose cosmologies are interwoven with notions of matrilineality. He sees the source of such conflict between men and women to be the result of the play between women's roles as mothers, wives, and sisters and men's roles as fathers, brothers, and husbands. Men are presented as being split in their loyalties to the children of their sisters and their wives. Beidelman argues that women strategise on the basis of this cosmologically expressed conflict, by playing off affines and matrikin against one another, to their own political and economic advantage. Moreover, he says, "these manoeuvres all point to the continuing

uneasiness with which Kaguru men view women's seeming ability to elude control." (ibid 1993:18) Such feelings are apparently compounded by the prevailing present day view that men are, overall, more dependent on women than women are on men.⁹

In present day Fulwe the prevailing economic and jural situation appears to be challenging the traditional structures on which gender relations were founded. I suggest, for instance, that the many changes caused by the impact of influences like villagisation-mediated access to government institutions of mass education, and commerce in business and farming, are challenging the traditional idea of children as a resource. Bledsoe (1980:36) describes a similar situation among the Kpelle people of Liberia. She notes how men are increasingly reluctant to take on the responsibilities of children, especially those children which they can not be confident are their own. She understands that this is because children, in areas influenced by cash incomes, no longer represent a resource, but now require a substantial cash outlay. In Fulwe, the shift in dependence on the father of a child for cash assistance has challenged the traditional bargaining position of women. If the competition for the ownership of a child no longer exists between the child's mother's brother and the child's father, then women lose a significant power base in their communities.

Some men and women do, of course, follow the ideal route. An early marriage followed by sustained cohabitation and mutual assistance for the care of their children. Nevertheless for women in unstable relationships, the loss of the traditional bargaining position has caused them to look for other strategies to support themselves and their children. For a notable group of women in Fulwe, most especially the less affluent, marriage does not represent a significant institution for defining paternal responsibility and ensuring affinal cooperation. In this situation women, and those responsible for them, must work conscientiously

⁹ Women, for instance, cultivate, cook, clean, bring water, provide childcare which except for the first are activities that men should not properly perform. Beidelman (1993:18) points out that the uniquely male activity of village defence and hunting is no longer necessary.

to ensure the paternal identity of children and to secure the support of their fathers¹⁰.

As I have suggested earlier, pregnancy in an initiated but unmarried girl is viewed as an unfortunate though not especially shameful occurrence. Once a girl has become pregnant she is subject to the same ritual treatment as someone who is married. When possible she will undergo the *kufunda mkowa* ritual at seven months, and will attract the attention of the older clanswomen. Nevertheless parents hope for the recognition of the child by the girl's lover. Despite the failure to provide marriage payments, the child's father may be fully recognised by the girl's family, though it is considered important and respectful for the child's father to offer to officially recognise and financially support the mother and her child. This practice is called *kuhalalisha mtoto*. Whether or not the father and mother make arrangements to live together, this ongoing financial support secures the man as 'the owner of the child'.

The fact that a young woman has borne a child outside of marriage (*Kw.mtoto wa nje*) does not make her less attractive as a potential marriage partner. Some men, who have children from other relationships, actively seek women who have already given birth. They suppose that she will be able and prepared to take on his other children when they reach an age at which they may leave their own birth mothers.¹¹ Children over the age of seven are usually considered sufficiently independent. The fact that a woman has already given birth also confirms her fertility to a prospective partner.

Most mothers I talked to were happy for a child to spend lengthy periods away with their birth fathers. They view this as an opportunity to benefit from any advantages that the father may confer on his offspring. In parting with their children, women seemed largely unemotional and apparently secure in the knowledge that "a child can never forget his/her mother". They anticipate the benefits which the child may offer them later in life. Guyer (1988:6 in Bledsoe 1990:203) describes how similar strategies are employed by Nigerian women who

¹⁰ This point has been dealt with at length in Chapter Six.

¹¹ Furthermore such women command a notably smaller brideprice

practice 'polyandrous motherhood' in the face of increasing economic uncertainty. In this way women are able to access the resource networks of several different men, and she concludes, "the child is the key: without it there is no basis to claim anything beyond the moment of the relationship". While marriage may be incidental to a woman's reproductive career in this kind of arrangement, establishing the paternal identity of the child is essential.

In steadfastly maintaining that 'breast milk is wealth', Fulwe women continue to make a similar link between birthing children and achieving security. Nevertheless, as I have shown above, they now make this assertion from a less structurally secure position. In this particular economic and social situation, strategising is no longer a question of manoeuvring between two interested parties, but of maintaining the interest of fathers who may be increasingly concerned about the financial responsibilities of parenthood and the long term obligations of alliance through marriage.

Marriage, Cohabitation and Divorce

In practice, people in Fulwe rarely distinguish between formal marriage and enduring cohabitation. Given that brideprice is frequently paid over an extended period, marriage should be viewed as a process that demands persistent negotiation rather than a once and for all commitment. Men and women, whether formally married or not, refer to their partner as "my man" or "my woman" which is synonymous with husband and wife. Should the desire for separation or divorce arise, as it often does, the woman must request or be given her *taraka* (letter), even if she has not been formally married. Without such a note she is not considered properly separated from her partner, and would find it difficult to enter into another long term relationship.

Waluguru women have a reputation, most often verbalised by outsiders, for being notably independent of constraints placed upon them by marriage and husbands. Some refer to this in terms of promiscuity, "they are never satisfied with just one man". Indeed I have heard men say disparagingly, "Waluguru women don't want marriage, they just want freedom." Spoken rhetorically, these

comments refer to the potential threat of female autonomy which seems anomalous to men from other areas of Tanzania. And yet, whilst mature women recognise the potential for male assistance and the financial support of a stable union, and do desire successful relationships with men, many are sceptical of the benefits forthcoming through marriage and cohabitation. They do not fear separation from their partners. Temporary separation and threats of divorce are frequently invoked as a strategy for having their complaints heard. Moreover, these are not empty threats. A full household survey of Fulwe (Child Survival and Protection Programme, UNICEF 1994) showed one fifth of households were classified as female led. However, these statistics do not reveal the women who live with their own kinsmen and women. Such women, because of separation and divorce, death or distant employment of partners are pressed into self reliance and may depend on their mothers and fathers, sisters and brothers, for the support of their children. Acquaintance with many women in this situation leads me to conclude that these kind of arrangements are fairly commonplace.

While marriage or long term cohabitation is aspired to, an ideal supported by the tenuously upheld notion of complementarity and mutual interdependence between partners, divorce and separation is a common and easily achieved response to conjugal conflict¹². The majority of men and women villagers have had more than one recognised partner in their lifetimes. Particularly where there are children from the relationship, separation effectively frees the partners to enter into new relationships without necessarily negating existing ties with partners' families. Divorced men and women may maintain amicable relationships with their original affines.

Ideally women and men are viewed as equally responsible for agricultural production, and often cultivate separate plots. Women also have additional access, through their maternal and paternal clans, to their own fields and gardens. In practice they are aware that this frees them from an absolute dependence on

¹² See Brain (1969) for a discussion of the prevalence of divorce among the Waluguru and his explanation in terms of their matrilineality which privileges the importance of relationships between the child and the mother's kin group. In my own small village survey of 31 men and women between the ages of 18 and 70 years of age, 20 individuals out of a total of 31 had lived with more than one partner. The number of partners increased with the age of the individual.

their partners. Nevertheless, as I have pointed out in Chapter Three, women frequently do work together with their husbands in the production of crops and therefore expect to share in the proceeds of their joint labour. Both men and women may articulate the view that though women may be substantial producers, a well behaved woman should pass over the proceeds for her labour to her husband. In this same schema of ideas, men should adequately support their wives and children. When this does not happen, another set of culturally acceptable ideas come into play. Where women sense themselves to be at a persistent disadvantage they may withdraw their labour, confer with their own, and even their partner's kin, to rally support. If the situation cannot be ameliorated they may ultimately request formal separation from their husbands. However, this separation should not negate the responsibility of the man for his children.

Conflict between Partners: Mama Mwanahamisi's Story

The following is Mama Mwanhamisi's story. She is a thirty-six year old farmer and mother of four living children. I have used this story because it demonstrates many of the points that I have raised in the previous sections and links into the argument which follows. The interview is fairly long and largely unedited, but I believe I am justified in employing this fuller format because it offers, in her own words, an intimate perspective of one woman's life in Fulwe and suggests the everyday dilemmas that present themselves to ordinary people in the course of their lives.

Mama Mwanhamisi's story also illustrates how many women in Fulwe strategise in the belief that men are interested in both their contribution as workers, and their potential as childbearers. In particular, she talks of "selling" her child to the man in Lindi. This vernacular expression resonates with the idea of children as a source of wealth and as a potential investment. This theme returns towards the end of the discussion when she refers to the probability of another pregnancy. Whilst she is not prepared to return to work on her partner's

shamba, she is prepared to allow him to recognise the pregnancy as his, in order to gain his financial support for her own care and the care of the child.

At the start of the passage Mama Mwanahamisi reflects on her reluctance to lose the freedom to cultivate for her own benefit, where the exchange is dependence on her first husband. She finishes our conversation on a similar theme. Mwandike, her husband, has, through deception, taken the profits of her labour for his personal gain. Finally, these actions, together with his generally quarrelsome attitudes, draws her to conclude that there can be little advantage in maintaining the relationship. Exhausted and unwell she goes to stay with her sister in the town and finally concludes "Me and Mwandike, right now, we've separated...I don't want him...I'm tired." It is important to note that Mama Mwanahamisi has become physically debilitated in the situation she finds herself. Not only is her husband failing to provide adequately for her and her family but she finds herself undertaking what she views to be his responsibilities. She separates from her husband in the expectation that he will maintain an interest in his children. Access to her own land means that separation will allow her to benefit, directly, from the product of her own labour.

She starts her story when she is fifteen years old, as she leaves the seclusion of a *mwali*, and continues by tracing her life through an early marriage, her movement to the city, and finally her return to the village. Here she meets, lives with, and eventually separates from her second husband, Mwandike.

M When I went inside [seclusion] I didn't have my fiancé..no, it was when I came out that he was there...but I refused him. I didn't like him. (Laughter) He was a child really...I didn't like him.

V How come you didn't like him? Did you know him?

M Well! I didn't know him, but I just said, "Why have you got me a fiancé?...if you order me to cultivate, I'll cultivate".... You know I was a bit of a silly one (laughter)...I cultivate and I get money and I buy cloths...so why choose a man? When the second one came, that father of Tatu [her firstborn], I agreed, but only because I was forced. Well, you know my grandfather got the money. You can't refuse... I said "I don't want him." But my father said "Bring them, so that we can secure the engagement." So they brought the money ..I didn't even know. Then they came to me and they said... "Tomorrow you don't go to *shamba* ..You're going to get married." But I said "I've got to go and see to my castor oil plants.. not to get married. Who is going to marry me?" During the next few days the place was packed with guests. As I was being married, I was

crying my eyes out. Really I was crying! (Laughter). After I was married, I went to Bagamoyo to live. I lived there for seven years. In the eighth year we went back to Dar-es-Salaam.

V Did you have any children during that time?

M I produced five children, but all of them were dying. I was left with just two.

V What was the cause? Did you have problems with demons or was it the "hand of people"?¹³

M It was people [witchcraft], bad feelings.. the children were being born and they were reaching this high [indicating] and then they were dying, without even getting sick. I was miserable.

V What did you do? Did you get help?

M I sent them back to the village after I'd weaned them. Then came Tatu's replacement [younger sibling]. That pregnancy nearly killed me. It was 1970. If I'd been in the state I am now, I would surely have died. I was admitted to Muhimbili Hospital, thank God. They advised me to have an abortion and to sterilise me. I agreed because of the pain. If I had been sterilised I wouldn't have got Omari or Salim or that little dead one Mwanahamisi [subsequent children]. I wouldn't have had them. Ehh..Then a white person came, .he said 'don't operate to remove the pregnancy, don't remove her fertility'....But you could see that the child in my stomach was in trouble. I said, if they don't give me an operation I'm going to die!

V How many months pregnant were you?

M Seven months. I was big. I agreed to the operation, but my husband refused. I continued for two days in Muhimbili. The child itself didn't live. I just delivered it and it was already dead. It had died without reason, *ghafila*. That one would have been the third child by my first husband.

V That first husband, did you tell me he was an older man?

M Yes he was an old man.

V Would you say you loved him?

M Yes, well I lived with him...(Laughter)

V I mean, can you say there's a difference between living with someone and loving them?

M You know Valeria, when you are a child, you have a child's intelligence. You can like a person and then you think you can love them. But then when you stay with them, on and on, and you produce child after child, then your ideas start to wonder to another one. (Laughter) You don't stay.... So it went on and on and eventually I refused him. But I didn't refuse him because I didn't love him, no he started to do his thing, to misbehave.

V In what way?

M Well he started taking a lover...the woman next door. As for me, I returned here [to the village]. He didn't give me the paper..no *taraka* . When I returned, I arrived with my baby on my back and my family greeted me and I told them what had happened. So, we settled down together. After a while I

¹³ See Chapter Four for an explanation of ideas of witchcraft .

heard that my husband had died. It was said that that the lover had cooked medicine in the *ugali* to kill him. People do that!

V Why did she do that?

M I've no idea. I went back and buried him. I went there with loads of pots...I returned with nothing.

V And so you were left with two children, there, in Dar-es-Salaam. What did you do?

M I returned to look after my children and to live with my Father in Mikese. I just carried on in the ordinary way. Then I was asked to marry a man who already had two wives and I was to be the third, I couldn't... I just couldn't. My life really wasn't too bad. I moved around. I used to visit my sister in Morogoro and another in Dar-es-Salaam. Then there was Mwandike [present husband]... Valeria...I met him, we made love...pregnancy...a pregnancy!... It was 1986. I was shocked to be pregnant...I'd gone to Dar-es-Salaam. I stayed there until the pregnancy was nine months, then I returned to Mama, because she was ill. If it hadn't been for Mama's illness I would have "sold" Omari.¹⁴ He would have had a father in that person from Lindi [a man whom she had lived with in Dar]. (Laughter)...It wouldn't have been Mwandike's. Honest to God I had already "sold" him. When I got home to Mikese, Mwandike saw that I was already full of the pregnancy. He said, "Why did you run away? I didn't know that you were pregnant." I told him that it was his...so we stayed together. So it was set.... But that child Omari, I would have "sold" him to that person from Lindi...in fact I had already done it. Because, when I arrived there, the pregnancy was still small, maybe about two months..if I'd stayed I would have lived with that fellow and he would have taken care of me like usual...as his wife. I hadn't any problems..it was just because I had to return for Mama's illness. I stayed here until I'd delivered Omari, right here at home. It was Bibi [mother's mother] and me. Mama Kaloli, me and my grandmother, who bore my mother. He was born, and so I ended up with Mwandike. But if it had been otherwise I wouldn't have been with him (laughter).

V Did you marry Mwandike?

M No we just lived together. Now, legally I'm free to get married to anyone else. But because we had lived together for a long time it was necessary that he gave me a paper [for divorcing] ...he gave it to me. We've left one another.

V Is it necessary to have that paper?

M Absolutely..if you were to get another fiancé...without a paper, his parents wouldn't agree. It's really important. If you left without the paper, even if you just went home, they wouldn't agree. They'd tell you to go back again to get it...But..now I am free again. If I meet another man, I can get married. Mwandike's already given me the paper.

V Has he really agreed?

M ...look he's already given me the paper.

V Yes but did he want to get separated?

M He wants me! but I'm worn out with him...I couldn't continue. You know he has a problem..he leaves the house, then he's gone. He fights with everyone,

¹⁴ Passed him off as her new partner's child.

even with his relatives. Then he wanders about on the road. He has a problem.I mean look at the way he looks after us...I'm looking after myself! If you look at the trouble making...he makes trouble....If I was on my own I wouldn't have this problem. I told him "Look *Bwana* you and I are finished. You should give me my paper." He thought I was just joking. But we went to the ten cell leader [neighbourhood representative of the Revolutionary Government] and finally he wrote me my paper. I went to my father's house and stayed for a couple of weeks. I told him about my complaints. After complaining I told him I'd left Mwandike but that I'd got his pregnancy. My father said "For goodness sake, if you've got his pregnancy, then why have you left him? Why have you taken the paper? You've got his pregnancy, so what are you doing? It's not good." "Look" I said "I'm tired.....Even if I am pregnant, I'm going to stay at my father's house. I'm not going back to his place." Father was annoyed. "First of all you're not certain if you are pregnant. Are you sure or not!" I told him I wasn't sure, so he told me that, until I am sure, I should stay at his place. At the moment I'm not sure, but I'm staying in my house and he's staying in his. Once it becomes apparent that I am pregnant then Mwandike will say "You have my pregnancy. So...he'll look after me. But I won't stay at his house. Not until I have to lie down [go to hospital], then he'll have to give me the fare to go. Just now he's followed me here [to her sister's house in town], that's when you saw him on the bus. Now he'll go back to Mikeke and he'll be telling everyone....Mama Mwandike is pregnant. But me and Mwandike right now we've separated...I don't want him...I'm tired.

V You've been doing a lot of cultivating. Does Mwandike cultivate?

M He won't cultivate! The trouble is that *you* cultivate food, and *they* sell it. He sells it without saying. They go to the fields and take the new corn and sell it. You go the next day and you're shocked. What do you think...they've sold it.

V Do you remember when we were cultivating tomatoes together...Did you sell them yourself?

M Those tomatoes, did I sell them? I never saw them! The tomatoes were just starting to fruit when my little one died. I was at his mother's house mourning, and in the meantime he was taking advantage and selling them! I never saw the money.....and I had *his mwali* [daughter from a previous relationship] inside, so I had to return to look after her. Normally, if you've got a girl like this, it's your responsibility to find food, clothing, meat and *ugali*. So I started to work at what I could do, so that I could buy her these things, a pair of *kangas*, three buckets of corn, two buckets of sorghum, meat to buy, in order to bring that girl out. He didn't contribute a thing! She was initiated....So....then I started with the next thing, which was to initiate my own girl [by her previous marriage]. At my *ngoma* [initiation ceremony] I heard a skirmish start...an uproar!!! Mwandike was fighting...Why had I spent so much money initiating this girl [in comparison to his own]....Well wasn't she my own daughter! so I told him "Look, you wouldn't help me before, so I've had to get help from others".¹⁵

V When you were cultivating, was it his land?

¹⁵ The implication is that she had taken a lover to assist her.

M At that time we were cultivating their land [husband's family]. It was his mother's farm.

V Your mother-in-law. I saw her yesterday...what does she say about you leaving each other?

M She really likes me, his mother, but at the moment I just can't [live with him]. It's not his mother [that's the problem]..I even like his other relatives.

V And do you have your own farm?

M I have one..it's my father's farm...he has lots of them. (laughter)...Father has about six acres and Grandfather, who bore Father, has six acres. And then over by Dindili, he has another three acres. But there's no water there...but I cultivate it anyhow.

V If, by bad luck, your father should pass away, would you get his farm?

M If I chose...we divide it up between those that are born.

V Do the men get a larger share?

M It depends on who is cultivating at the time. You decide between you. For instance, Babu, that grandfather, our neighbour...you remember him, the one with the fair skinned wife, he died and he has left his farm. And so..how many are they? Four. They divide it up, an acre for him, an acre for her, others haven't been cultivating their land and the children want to cultivate, so they cultivate.

V So you are independent to cultivate...there's no problem getting land.

M Not at all. There's lots of land.

I have already suggested the tension that may exist between sexual partners. Such tension is easily recognised and commonplace. Whilst separation and divorce are both acceptable strategies to deal with tension *in extremis*, the families of couples experiencing difficulties generally approach male and female clan elders to ask for adjudication. Where families fail to rectify the problem through negotiation, they may turn to the village government to make their case. Each party makes their representation and if they cannot be reconciled, then they will be advised to make a formal separation with the writing of a *taraka*. Mama Mwanahamisi's story describes separation on the grounds of inadequate support by the husband. Frequently, however, divorce is sought by both men and women on the grounds of infidelity.

Taking Lovers

At the start of this chapter I described how women are told that, in order to be successful, they may need to seek out a lover (*mshefa*). A lover is thought of as a wealthy man who enters into clandestine relationships with a woman, whom

he then provides with gifts. This relationship is differentiated from cohabitation without marriage which, in practical terms, is viewed as equivalent to the responsibilities of marriage. Especially because lover relationships involve individuals in existing partnerships, they should be entered into with the utmost secrecy and discretion. Only in this way will open conflict be avoided. Unlike legitimate sex, these relationships take place outside the village confines, in hidden and distant places such as the *shamba* (farm) or in a city guesthouse. Discussion of lovers, in the abstract, nearly always evokes mirth and intrigue. I had been parted from my own husband for about two weeks, when village women delighted in teasing me about the need to find me a lover, now that 'my man' was safely away. Simply by virtue of its intrinsic secrecy, it must always be difficult to ascertain how many women actually entertain lovers. What is very evident, and possibly as significant, is that it exists firmly in the minds of men and women as a real possibility. Women sometimes deliberately take advantage of the uncertainty which such ideas generate in men.

The converse of this is, of course, that men similarly take lovers whom they provide with gifts. Women, especially those who are not available to have sex with their husbands, may suspect that their partners are seeing other women. As I have described in Chapter Six, women in the period following birth, and up to the point of the child being weaned, are admonished by female elders not to make love to their husband. Should a pregnancy occur during this lactation period, women and their partners are a source of gossip and described as irresponsible. What is of central importance, then, is not that people take lovers, this is recognised though not officially condoned, but that it is done secretly. Maintaining secrecy is even sometimes described as respectful. When I asked a very prominent and widely respected Moslem religious man in the village whether it was possible for a man's wife to also be his lover, he simply laughed at the suggestion, "It is not possible, Valeria". Men and women expect different things from their partners and their lovers. Collier and Rosaldo (1981:285), for example, point out that lovers frequently relate to one another as equals and

individuals within the relationship, in contrast to relationships between spouses which are bound into a wider network of kinship obligations.

The fact that providing gifts for other women means that domestic resources are channeled away from the home is the main reason why most women articulate a concern for a man's infidelity. The resourceful and clever man will therefore make his secret assignations to the town or wilderness, but at the same time provide strategic gifts for his wife and children. Women rarely form lovers' relationships with men who lack wealth or influence, and in the same way women of more affluent partners rarely choose to seek out lovers. In this sense, taking lovers is largely a strategy of wealthier men, who have access to sex without kin responsibilities, and less affluent women who benefit from the resources of another man. Nevertheless, the following song, which I heard sung by a young woman in the village, describes a mother's awareness of her husband's affair and suggests that anxiety about infidelity cannot be accounted for purely in terms of financial loss to the woman and her family.

If you see this gossip you should be afraid of
her,

She has four teeth which are biting
everywhere,

I am just caring for my child, my love
[therefore I cannot make love to you],
So I will die of a broken heart.

*Chakubimbi ukimwona muogope eee,
Ana meno manne anauma kote kote,
Nalea mpenzi nalea,
Nitakufa nacho kijiba cha roho.*

Whilst the action of taking lovers is potentially contentious for both men and women, it is more so for women, since they are likely to fall pregnant as a result of their liaisons. If the woman is already in a relationship, she may attempt to pass the child off as her husband's offspring.¹⁶ On the other hand, if she is dissatisfied with the existing relationship, she may use the pregnancy to establish a more permanent relationship with her lover. Cognisant of the possibility of infidelity, men and women who are suspicious of their partner's activities may visit the *mganga* to obtain medicine in order to ensure their partner's loyalty.

¹⁶ See Chapter Four for a discussion of the difficulties encountered by a mother who attempts this strategy.

Such medicine is called *ndele*, and is thought to bring about the creation of a loving and unproblematic relationship. Unassuming men who are being deceived by their wives are suspected to be under the influence of such medicine. Their wives are seen as inordinately dominant in the relationship. They are described as being able to force the man, through the use of medicine, to favour his wife and her relatives over and above his own kin.

Other medicines known as 'traps' exist to capture men and women in the act of adultery. Some are thought to result in the death of the illicit partner. Others have more benign effects. *Mtego la mbwa* (medicine of the dog) causes lovers to become locked inextricably together in the act of sex. *Mtego wa Langoni* is another medicine used by women suspicious of their partner's fidelity, and causes the man to fail to achieve an erection whilst in the act of love making.

Because of the premium on secrecy in these matters, open conflicts and accusations are only a rare focus of neighbourhood entertainment and speculation. When secret affairs are discovered, men may take the issue to either relatives or the village government and demand a fine for adultery from the woman's lover. On the other hand, suggesting the nature of men's dependence on their partners, men also say "*Kosa moja, haliachi mke*" (You don't divorce a wife for just one mistake.)" Offended women are often appeased by gifts and the renewed attentions of their partners towards themselves and their children. Husbands who discover their wives in adulterous affairs may fear the disdain of their kinspeople and neighbours, and the suggestion that he is unable to control his wife. Faced with village wide gossip, he may feel that he has little choice but to demand a separation and divorce. The song singing of *ngomas* are open spaces for the recollection of such events.

My mother has told me that I am a stupid
one,
I always eat at Tandike and stay at your
place in Temeke [her lovers house],
Neighbours talk, they talk,
My friend Pili is a loose woman such as they
have never seen.

*Mama kaniambia akili zangu machache
Kuta kwangu Tandika kushinda kwangu
Temeke,
Wanasema majirani wanasema,
Mwenzenu Pili malaya hakuna tena.*

Sister Majuma has left her husband,
Because of listening to the words of her
friend.

*Dada Majuma kamwaga unga wake eee
Sababu ya maneno kuitika shoga yake.*

Those gossips are evil people,
They want me to leave my man but who then
will give me money for tea,
I will stay with him, my husband, I will stay
with him,
If God wills it, I will bear a child with him.

*Wambea hao hao washarati hao hao,
Wanataka nimache chai nikuombe kwao.
Nitaishi naye mume wangu nitaishi naye,
Mola ukipenda mtoto nitazaa naye*

Speculation about a child's parentage is a potential source of gossip. If women are not in a stable relationship they are keen to have their *mwenye mtoto* (owner of the child) officially recognised. When a man pays to have a child acknowledged as his own, he makes a commitment to the long term provision of and general responsibility for that child. In Chapter Six, I discussed the sense of violation that older women describe when men, especially outsiders, fail to acknowledge the paternity of children born outside marriage or stable relationships. It is not the failure to propose marriage that is the source of contention, but the unwillingness of these men to declare their paternity and make the appropriate payments. In the minds of senior women such behaviour is construed as unnatural and immoral. Yet, as I shall show through Magara's life history, a reluctance to make commitments such as marriage and formal acknowledgment of children is not uncommon, though it is not especially aspired to. Men who act in this way frequently attribute the cause of their behaviour as contingent on economic and social changes that have occurred in the country as a whole. When they intone the often heard phrase, "Life is difficult these days", they imply the necessity to compromise past tenets in the face of prevailing difficulties. The following is part of Mangara's story.

Coping with Adversity: Mangara's Story

Now twenty eight years old, Mangara is a young man who was born into the original pre-villagisation settlement of Fulwe. Soon after he completed primary

school, he left the village, and followed his brother to Dar-es-Salaam to look for work. Through his brother's contacts, he became apprenticed to a man who fixed watches. Three years later the combination of cost of accommodation and poor wages forced him to return to the village. In Dar he had met a woman with whom he eventually produced two children. In this passage he talks about his responsibility towards them, and how the uncertainty of his own situation prevents him from making more permanent commitments.

V How did you meet the mother of your children?

M Well, for me it was the time when I was doing that work in town, fixing watches. How it happened? She brought a watch for me to repair...ohh..that woman! When she arrived thereahha..

V So you met her at work....(Laughter).

M I started to get used to her in the matter of love. She didn't refuse me but we didn't get around to living together either.. we just met up at her house and she eventually became a pregnant one. She told me that she had my pregnancy and so...well I didn't refuse. I said OK.

V Did you want to marry her?

M I didn't want to marry her. I didn't marry her because life's very difficult. If I had said that I would marry her....that woman would give you a problem. Living with that woman, well that would mean she would depend on me and so if she was to depend on me...well... my life, as you can see, isn't good...ffff.. it would've been difficult ..What I mean is that I would try to have the children with me, but her as well?...No, I would be really bothered by that.

V So you've known each other for a while.

M Yes, we've known each other and produced two children. But we're used to having a life apart. It's been like that for four years and we're still just good friends.

V What did her father say?

M Her father tried to force me to marry her. Because he said I couldn't live with her for free. But for my part, I absolutely refused.

V He wanted you to pay brideprice?

M Exactly. And I didn't have any money.... anyway I didn't want to marry her. Well maybe if I'd had the money I would have married her. But things were so difficult then, I couldn't.

V So did you decide to pay for the children, to make paternity payments?

M To pay paternity....eh...up until now I still haven't paid the paternity fee. But if it came to it and her family said it was absolutely necessary to do it, I'd agree to it. Its the law, its tradition, I can't refuse.

V Would it have been different in the past. Would they have said its necessary that you pay paternity?

M In the past, as I've heard it...it was necessary. I couldn't have just taken the children, I would have had to pay for them. Like me for instance, I am a

child from outside of marriage and I never even saw my father till I had grown up. Then I said, "Where is my Father?" and I got to see him. But in those early days I didn't go. Why?...because I hadn't been paid for. He didn't send for me or pay for me so I didn't meet him. But now I am a grown up, I have the funds and so I can go to see him.

V Are you pleased to have your children with you just now.

M I'm very pleased to have them, but I'm not so pleased to have them in this period of difficulties. And within this difficult life I am trying my best not to have anymore children. If I had another child I'd be likeI'm going to make an effort to produce using family planning. If I came to have money a little later! well I'd start again to look for another child.

V Has their mother been worried about sending the children to you?

M Their mother?.....well she hasn't agreed to give me the children. But in reality she has a problem. Since she has had the children, she's had problems....

V What kind of problems was she having?

M Well, problems of a difficult life. It's very hard to find enough money, and she's got another two children through another man.

V Did she already have them when you met her?

M No, when I met her she already had one child. When we met, we had two children together, and then after I left her, she had another [with someone else]. I don't know whether they're still together, or whether they have left one another. I don't know. But she comes to see me. But me myself, like I told you, I hadn't any money and my means.....well I can say that I still love/like that Mama a lot. I really like her. [Laughter]. But I try to avoid her ..not to love her too much! You know because I haven't many means yet. Well, you know, it's not just me, there are lots of people in my condition.

V Ya...its not just you, lots of the young men say this. They're frightened to get married.

M Yes, but I'm really frightened. Really. Its not just that I'm frightened to get married. I'm frightened of getting any more children. Even if I come to get marriedI'll try to marry a women who already has children, so that she'll be one that doesn't want to have any more children. Because, you know, if you marry a woman who hasn't any children and you don't want her to produce any, then you have a problem.

Later in the conversation Mangara describes how he will try to find paid employment again. He rejects taking up farming as something which older people do when they no longer have the energy for other things. His story is a familiar one in the village, since many young men like him leave in search of opportunities to make a living outside of agriculture, only to return later "having failed". As he points out, younger men are keen to establish themselves financially in the commercial sector. He looks opportunistically for various forms of paid employment: assistant shop keeper, workman at the oil pumping station or

a small time entrepreneur or bringing produce from the outlying villages to sell on the road. In the meantime his mother, a single woman and farmer, temporarily cares for his two small children. Note how he describes his 'father-in-law' as complaining about getting his daughter for free. The same is true of his children. In the past children would not be sent to a father until they had been paid for.

Because the *kuhalilisha* payment (normally about Tsh.5000) is very small, it is best viewed as a symbolic gesture of future commitment to the child. Even when no payment is made, a child's paternity is acknowledged when he maintains contact and even occasional support. When a man perceives his situation to be improved he generally looks for a permanent relationship with a suitable woman. Indeed a male friend told me "*Mke ni pambo ya nyumba*" which he told me meant "If you don't have a woman, your house will be empty". In this sense a mature man recognises the potential value of a woman in terms of her capacity to work, maintain a home and care for his children. However, his newly acquired wife may not always be pleased to take on the man's previously acquired children. To succeed in this strategy a man must court the cooperation of his partner and her kin. Mangara has already suggested that choosing a woman who has already given birth is a popular strategy for men who wish to bring children from a previous relationships into their new situation. This kind of arrangement can have benefits for women who are struggling to raise children without adequate support, and who see a potential for assistance in an older child. Having said this the relationship of a child to its *mama kufikia* (foster mother) is often described as fraught with tensions, compared to the converse situation where the child lives with a foster father. Such situations, whilst fairly common, harbour an underlying potential for disharmony. *Mwalimu* Leba's predicament shows one of the ways this tension may be expressed while also demonstrating how men need the cooperation of women in order to effect their own self interested strategies.

***Mwalimu* Leba's Story**

Mwalimu (Teacher) Leba was the headmaster of the village primary school. He was still a relatively young man who had come to Fulwe from his native Kondo, four years before. One day he asked me to come with him to visit his two year

old daughter, of whom he was extremely proud. Because I knew that Leba had only taken a young *mwali* as a wife the year before, I was curious to learn more.

I soon learned that the child he referred to was from a relationship with an older local woman in the village. This older woman had had five children from different fathers, the final one of which was the *Mwalimu*'s. When we met the child she broke into terrified tears and hid in her mother's *kanga*. "She is frightened of your white skin", her mother laughed. As if confirming his paternal relationship Leba asked me emphatically, "Don't you think she resembles her father?". He had brought his child a gift of eggs and directed the mother how to prepare the food. "Do you think she needs vitamins Valeria?" I said I thought the child appeared very healthy. He was both pleased and proud. Leba gave the woman some money and told her to bring the child for a visit within the next few days.

It was not unusual in the village to meet women who were rearing children away from their fathers. Many men I talked to in the village acknowledge the existence of children from their informal and impermanent relationships, and in doing this clearly Leba saw himself as a responsible parent. Such arrangements are however not without their potential tensions, as I learned from an event that took place some months later.

One day I met Leba on the roadside and he proudly confided in me that his young wife was pregnant. Mama Leba's pregnancy was uneventful and she eventually gave birth to a son in the Morogoro hospital. I went to visit her on their return home. I found her in the school house alone and withdrawn. On the shelf were bottles of gripe water and various medicines. The child had developed a sore on his umbilicus. Mama Leba was having what I would have considered normal abdominal afterpains. She was obviously unhappy. "Is your mother coming to look after you?" I asked. "She comes when she can, but she lives outside the village," she replied miserably. "So who is cooking for you and bringing water?", I enquired. "The school children bring the water and a friend of the *Mwalimu* is bringing food when she can". The room was chaotic with dirty dishes and soiled nappies.

Although I had visited many village women following their deliveries, I had never before seen a newly delivered woman without help at home. Women, at this stage, especially with their first child, are rarely cared for in such a haphazard way. Eventually the *mwali* arrived and started to tidy up the room and change the baby, asking me for advice about the medicines that he had bought. I felt strangely like the visiting midwife advising first time parents in Newcastle or some such place, so unusual was it in the village for there to be no experienced woman orchestrating the care of the young mother and child. So what had precipitated this unusual arrangement?

Later the *mwali* took me to one side. He clearly saw me as someone who might understand his dilemma. He had insisted that the child be cared for at the

school house. This had been contrary to the wishes of the girl's mother who, according to tradition, wanted her in her own home. The mother had refused to come to the house to care for her daughter. Furthermore his problems were compounded by the infection on the child's umbilicus. The umbilicus, always an emphatic focus of attention for a caring elder, demands purposeful care. It must never touch the genitals, for instance, and once it has separated it must be dealt with ritually and secretly by senior women in the clan. *Mwalimu*, seeing himself as an educated and modern man, explained to me that he had little time for such ritual. Furthermore, he was taking no action to deal with his wife's abdominal pains.

The tension between himself, his wife, and his mother-in-law eventually surfaced in a witchcraft accusation, made by his wife and her mother towards him. He was deeply troubled. "She has accused me, and the mother of my little girl, of bewitching the baby and Mama Leba." The tension between Mama Leba and the mother of the *Mwalimu's* first child was widely known in the village. The woman had apparently lived with Leba as a common law wife, and the school house had been her home. The anger that she felt on Leba's decision to marry a young initiand had been gossip rife in the village before I arrived. So now the issue had emerged in the confrontation.

"There is no such thing as witchcraft Valeria, I do not believe in it.... so what should I do?" I suggested that perhaps he should visit the diviner, as they suggested. Since he was innocent of any malevolence, he should have nothing to fear. But he refused to condone the use of *waganga*. "If I go, then it would seem that I believe in these things, which I do not." He interpreted Mama Leba and her mother as using the opportunity to retaliate for the relationship between himself and his daughter's mother.

As the tension mounted, however, Leba eventually agreed that his wife and the baby should be moved to stay with his mother-in-law on the outskirts of the village. Later, I heard through him that they were both recovering, and that they no longer continued to accuse him of ill deeds. When I saw them back after two weeks, I went to visit. "Are you both recovered now?" I had not wanted to raise the witchcraft issue for fear of giving away a confidence, but I noticed that the baby wore an *ilizi* (three small packets of medicines) in a string around his neck. When I next saw Leba, I asked him about the medicine. He told me that he disapproved of the use of this amulet. In fact, it was his rule that school children should not wear such things in class. However, following a trip to the hospital for treatment of the umbilical sore, they had visited his father's sister in Morogoro. After some discussion the women had come to him and demanded that the child be allowed to wear the medicine. "Even my own relative was insistent" he told me, "if I had refused and something had happened to the child, they would have blamed me for it..so I had to agree."

Despite Leba's formal position of authority in the community, it was clear that the witchcraft accusation and the fear of the impending gossip was sufficient for

him to compromise his beliefs in order to regain the cooperation of his mother-in-law and his wife. Furthermore, although Leba's wife allowed visits of his first child to the house, she absolutely refused to foster the child on any permanent basis, at least until the child was sufficiently independent and could be of some use to her. Without the support of his wife and mother-in-law the *mwaliimu* becomes powerless to effect his wishes.

The life histories of Mama Mwanhamisi, Mangara and the accusation story of *Mwaliimu* Leba all describe the complexities of gender relations in Fulwe. They demonstrate the way both men and women must manoeuvre within relationships, seeking the cooperation of one another, in order to benefit from the various circumstances in which they find themselves.

Wealth-in-Children

Bledsoe's (1980:46) wealth-in-people idea is a useful concept for starting to think about some of the ways children are valued within relationships. Certainly in Fulwe, the ideal view is that the birth of a child should precipitate the establishment of some permanent form of alliance between families and individuals, either within or outside of marriage. Conversely, relationships that do not result in children are often viewed as more transient and of little consequence to the kin of the couple. Young, married women who are dissatisfied with their relationship, and who are not yet pregnant, are generally considered free to seek divorce.

Bledsoe argues that in a subsistence based economy, power lies with those who control access to the resources of land and people. Where there are few constraints on land availability, the most sought after resource is people. Hence her concept, wealth-in-people, as a prime motivator of strategic action. People seek to control other people, starting with close kin and through negotiation and alliance, affines and sometimes neighbours. She provides a convincing picture of how men and women 'actors' not only respect jural rules within their communities, but may use them creatively to manipulate situations to their own advantage. In her study women may falsely claim that children are fathered by men in high positions in order to formalise attachments. In the same way men

who have been unable to father a child may claim the paternity of a child they know to be another man's, in anticipation of the value of that child as an adult, and regardless of their true biological paternity (ibid 1980:59). Bledsoe argues that political and economic advancement are sought through the development of increasingly wider networks of people. What happens though, when more individualised notions of economic self advancement meet traditional ideas of extended family influence and obligations?

One of the areas where this can be explored is through the attitudes towards fostering children and supporting extended kin. In Chapter Three I described the opportunistic movement of people between the village and town, and noted that this is one of the salient features of life in Fulwe. There are very few individuals in the village, including the elderly, who have not experienced this movement at some point in their lives. Some men move to the town in search of work, transferring their families to stay with them periodically. Young girls are sent to the city in search of marriage partners or to assist in the homes of city dwelling relatives. Young men leave in pursuit of a non-agricultural waged employment.

This tendency to mobility often starts in early childhood with the fostering out of children with various relatives. Whilst attending primary school, city born children are frequently sent to the village to live with grandparents. Older children may be sent to more affluent relatives. Such strategies have the effect of maintaining the flow of obligation within kinship groups, whilst militating against notions of a more limited self advancement. Educated Tanzanians, who aspire to smaller, nucleated families, often complained to me that their plans for the consolidation of any personal wealth and investment in their own birth children were frequently thwarted by the arrival of family relatives to be raised or supported. Despite their veiled reluctance, those who find themselves in this position say simply, "We cannot refuse them". Even within these constraints of obligation, guardian relatives may manoeuvre to benefit from these relationships. Children, fostered in this way are, in their own turn, in debt to their guardians and so there is a potential for guardians to benefit from any investment that they may choose to make in these children. Bright children, for instance, may

occasionally be sponsored for higher education. Children, who are seen as offering fewer future benefits, may have a bleaker existence, assisting substantially in both the household and farming work and the care of younger children. Though these children are stoic in their acceptance of their circumstances, again the songs of the *ngoma* offer a rare perspective: the child's voice.

Please Mother and Father come and get me,
My little mother [MZ] never stops bullying
me,
They have a bed but instead they make me
sleep on the floor,
They have enough food but I go to sleep
hungry,
I wear sack cloth, poor me.

*Nipelekeni Mama na Baba,
Mama Mdogo ananisakama,
Kitanda kipo wanilaza chini,
Chakula kipo nalala na njaa,
Navaa gunia, mimi maskini.*

As I have discussed earlier, children frequently move to live with absent fathers who may have established themselves in a more permanent relationship elsewhere. I have met women in the village who had birthed many children but who, because of fosterage arrangements with their children's fathers, had none of their birth children living with them. On the other hand, it is quite possible for them to be requested to take on the care of other related children. Indeed, most children will have several women whom they address as 'Mama', since all sisters of a child's birth mother are addressed in this way. Furthermore it is thought uncomfortable and unsettling for a woman not to have children with her, and so people in this situation are often sent children and grandchildren for companionship and fosterage.

The idea of investing in children for the future is therefore a well established practice. As people's life styles in Fulwe become increasingly influenced by the need to engage in cash generating activities, it may be worthwhile to ask to what degree children continue to represent significant potential wealth. I suggest that modern ideas of individualised self advancement discourage notions of wealth-in-children in its broadest sense. Instead it seems that interest becomes focused on wealth invested in *particular* children. Certainly those individuals that are often blamed for failing to recognise their paternity, the teachers, pipeline workers and

lorry drivers, are typically waged workers, who see no strategic advantage in alliance to the families of poorer members of the community.

I think it is worthwhile to reflect on Mangara's preoccupation with limiting the number of children he is responsible for, in an effort to consolidate his own economic position. However, I suggest that where Mangara speaks of accomplishing this through family planning techniques, more often men choose to either deny paternity in unfavourable circumstances, and therefore avoid the spiraling responsibilities of increasing numbers of extra-marital children, or to provide support on an *ad hoc* basis. Richards (1950:226) describes how Bemba men, in Northern Rhodesia, often maintained control over their birth children until a child had matured, at which point the child was handed over to his mother's brother. In Fulwe the reverse seems to be the case. Children who are raised separately from their birth fathers are often handed over to their father when they reach the stage of independence. In this way women hope to benefit through an estranged father's investment in his child.

In this evolving situation men and women from different economic backgrounds tend to respond in different ways. The small number of affluent families have few problems in finding marriage partners and indeed links with their potential kin are likely to be largely beneficial and are therefore desired. For this group the ideal of early marriage and sustained cohabitation, with children supported through maternal and paternal efforts is an attainable aspiration. On the other hand men from a less economically sound background tend to delay marriage, but are encouraged by women and their kin to recognise the paternity of the children they produce outside of any formalised alliance commitment. Poorer women, maintaining their traditional view that children are potential assets and basic to their sense of identity, produce children, care for them throughout the early years of their development and work at the continued support of the child's father.

While this strategy does allow women to access the resources of various men, as I have noted earlier, it also means that women carry the main onus of responsibility for children at a critical period of a child's development. This is

when they are at greatest risk in terms of health. Within this kind of arrangement fathers have an increasing strategic advantage since they are able to decide to what degree they are prepared to commit themselves to a particular mother, her child and the woman's kin group. In Tanzania the infant mortality remains high. Nearly one quarter of all children born will die before they reach five years old¹⁷. As the child gets older the chances of death are reduced. In effect, men in these situations are able to delay a serious commitment to their offspring until the child is reasonably mature and assured of survival. In describing this trend, I should make it clear that there are large numbers of often mature and established men, who live with women and work for the children of that relationship and who will, in time, receive other children that they have fathered. However, on the whole, poorer women and their children are increasingly disadvantaged, have less leverage to draw on the resources of fathers, and are pressed to depend on their own efforts and the support of sympathetic kin.

Conclusion

When women name themselves after their children, rather than after either their husbands or fathers, they show how their identity is explicitly defined, not through their relationships to men, but through the children that they birth. Furthermore, women in Fulwe continue to articulate a sense of potential power through the production of children in the belief that "breast milk is wealth". What I have argued in this chapter is that they do so because, from their viewpoint, children remain one of the few effective routes to influence and security. They perceive children as their greatest asset, a means of accessing the resources of men either inside or outside of marital alliances. This is so, of course, only as long as children *per se* remain valued and wealth-in-people continues as the *modus operandi*.

Earlier, I pointed out how the presence of a man within a conjugal relationship need not always be equivalent to the woman and her children benefiting from him in terms of material or emotional support. I have told Mama

¹⁷ United Republic of Tanzania 1978 population census (Bureau of Statistics)

Mwanahamisi's story because it demonstrates the particular ways in which a relationship with a partner can actually be detrimental to the position of a woman and her children. Indeed, women in Fulwe are frequently vocal in their reluctance to maintain relationships that place them at a perceived disadvantage. They say, for instance, that "men are lazy and drink too much, you can succeed better without them". They make reference to the need to take lovers in order to succeed. The numerous songs about infidelity, and exciting and lucrative love affairs provide forceful, and sometimes comic, images of women undermining and outmanoeuvring the controlling efforts of men. The potential autonomy of women through their access to farm land and sense of continued identity with their own maternal and paternal kin can be problematic for cohabiting men who seek to control and benefit from the productive and reproductive powers of women.

My discussions with men about women and wives in the village reflect concerns for loss of control and power over women and suggest how men employ the rhetoric of dominant ideologies to overcome this. They say, for instance, "An outspoken woman will never find a husband", "A man wants a hard worker and an *mpole* (quiet one), not an argumentative one", and perhaps in deference to my own perceived position, "*Tanzanian* women are not very intelligent." More explicitly men have told me that, "Women become *wajeuri* (forceful oppressors) if they are not kept under control". When describing the differential contribution of men and women to the development of the unborn child, prevailing gender ideologies persuade that, "Men give a child its intelligence (*akili*) and bones, women its strength and blood (*damu*).". Indeed when success and the creation of wealth begin to be measured in terms of access to financial and material security rather than in terms of power through wealth-in-people, it is perhaps the *akili* of an individual, as opposed to his/her blood relatedness, that emerges as a valued attribute.

Despite women's enduring sense of autonomy or perhaps, in a way, because of it, some groups of women in Fulwe appear to be increasingly disadvantaged in both material and jural terms. Caplan (1989:198) points out that, in spite of the

ambitions of the Tanzanian government to improve the position of women, modernising institutions which have brought with them the introduction of cash-based economies, government political organisation, education followed by limited career opportunities, have undermined women's traditional routes to power. Brain (1976:272) similarly describes the weakened position of Waluguru women, living within the constraints of post villagisation state-imposed institutions. Furthermore, when these groups of already disadvantaged women find that their most valued asset, their offspring, no longer attract the support and interest that they once promised, one should not be surprised to find that the lives of many less affluent village women and their children are becoming increasingly precarious. Set against the dire economic conditions that make real earnings from formal employment worth only twenty percent of their 1980 value (UNICEF 1990:57), the strategies that individuals adopt in these conditions are both sombre indicators of an increasingly compromised social and economic condition, as well as a reflection of people's endless capacity for the creative manipulation of the circumstances in which they find themselves.

CHAPTER EIGHT

KNOWLEDGE, EXPERIENCE AND POWER

Introduction

In the last two chapters it has become evident that the relationships between young and old, men and women are woven through with issues of power and control. In this final chapter I shall develop these ideas further by looking more closely at the position of women elders as the guardians of secrets, their route to authority and the important relationship between knowledge, experience and power. When this relationship is considered in the context of development strategies for maternal and child health, it also has certain implications for the successful training of traditional midwives on Tanzanian government and UNICEF funded schemes.

Moreover, the relationship between knowledge and power is no less significant when the nature of the association between the anthropologist and those who must inevitably become the subjects of study is considered. In the closing sections, therefore, I turn to a consideration of the personal politics of representation.

Voicing Concerns

In essence, the following discussion between myself and an eminent midwife in the village is concerned with just these issues. In it she quite explicitly expresses the fear of losing control of certain kinds of knowledge to other people, people who in her view lack the legitimate access to this knowledge. As a respected elder, midwife and skilled female initiation specialist in the village, Mama Kaloli is an authoritative figure amongst her family and neighbours. Within this context of family and neighbourhood she has the responsibility for communicating and exercising the knowledge, and the legitimate power to decide when to do this. She, and the many others like her, take these clan responsibilities seriously, as did those that sought her out to assist with the rituals of their

families and the birthing of their children. A sense of these responsibilities provoked the following conversation.

We had been discussing the rituals that are undertaken to initiate young pubescent girls. Her son, a married man with a child, suggested that I read about these rituals in a book written by a Mluguru Roman Catholic priest in the 1950's (Mzuanda 1958). This elicited an angry response from Mama Kaloli. It was wrong, she said, that this book had been written. Didn't it contain the secrets of both men and women? Any child who had been taught to read in school was able to know of these secrets long before they should. The elders were very angry when this book was introduced into the village school. They had gone to the village chairman and told him that it must be removed and, she added with satisfaction, their request was heeded. She claimed the village government had acknowledged the nature of their mistake.

The village chairman had been the first teacher in the village school. When I spoke to him about the book he said this,

"It is true that the book was withdrawn from the schoolroom but not for the reasons that you have said. When the book was introduced the local education board thought it was important for the village children to read about their local customs. But gradually, as the village has grown, we saw that there were many school children who were not Waluguru; they were Wachaggas [from Kilimanjaro], Warangi [from Kondo] and from many different areas. These people had come to settle in this area and these customs were not theirs. So we decided to take the book out of the school curriculum. But although it is true that the elders were not happy about the use of the book, this was not why it was withdrawn."

Plainly however Mama Kaloli had felt that their representation to the village government had been instrumental in the changes that were made. Moreover she and her fellow elders mistakenly supposed that these changes were an indication that the village government had recognised them as the proper channel of authority for the control of this kind of knowledge.¹

¹ Bledsoe (1980:73) noted a similar episode amongst Kpelle midwives where a Peace Corps volunteer teacher had taught her female pupils how babies were conceived and delivered and had subsequently been threatened with expulsion from the village by senior Sande midwives.

Our conversation introduces several points into this discussion of fertility and birth which allow me to address some relevant issues of social transformation which have been fostered by the villagisation programme described fully in Chapter Two. It draws us, for instance, into considering how people in the village have made sense of the changes that have been introduced to them through the introduction of a formal schooling system and the increasing hospitalisation and medicalisation of birth. I want to address these issues by looking at how knowledge is viewed as emanating from distinct sources. For the sake of preliminary discussion I shall call these ancestral, or *jadi*, and modern. I should make it clear, at this point, that this distinction is also made by villagers themselves. Nevertheless, in focusing on these distinctions, I do not mean to imply that they are viewed as irreconcilable within the context of the village. Indeed, I follow Leslie (1980:193) in suggesting that most people have a practical rather than ideological concern for therapeutic assistance. In fact rather more concern seems to hinge on who *controls* knowledge, and in what ways.

Clearly, hanging on to knowledge and controlling its dissemination, something which we might describe as the economy of secrets, is not in any way peculiar to life in Fulwe. When academics jest about people surreptitiously listening outside the doorways of other people's seminars, they are alluding, in the same way, to knowledge as a source of power, and to how it may be imbued with value and even coveted. Foucault explores this theme when he argues that power within the medical profession rests on the transmission or obstruction of knowledge in discourse and language (1972:50-55).

In this section I discuss how, for many people in Fulwe, legitimate sources of knowledge about fertility and birth are channeled not through the written word but through the effective guidance towards and through embodied experience. When, as I learned, knowledge is thought of in terms of embodied experience then the act of participation becomes distinguished from that of observation. As La Fontaine has noted, "Experience cannot be communicated, it can only be undergone" (1977:433). In these terms, to watch is not to know. One must actively participate. In the context of this study the above point is especially

significant for younger women approaching important life cycle events such as puberty, initiation and birth and for the older women who are ritually and practically responsible for a successful outcome at these times. Furthermore, for me as a fieldworker, concerned with understanding notions of fertility and birth in the village, it meant that observation only could not be condoned, participation must lie at the heart of the project.

A Critique of Relativism: A Dichotomy of Traditional and Modern Knowledge?

In Fulwe people, especially older people, describe two types of knowledge: *jadi* knowledge and another kind of knowledge sometimes described as *akili* (Kw.intelligence) which is acquired through reading and formalised education.² A village midwife who has undergone the government training programme may say, for example, *nimesoma*, I have studied. Similarly those nurse-midwives who practice in government hospitals and clinics are described as having learned their skills through 'having read'. This knowledge is viewed not in opposition to *jadi* knowledge, but as having been acquired from a different source. It is knowledge of the *wazungu*, the white people or in some cases of Islam, albeit appropriated by 'modern' Tanzanians through the avenues of formal school education. Note, for example, the way my elderly woman companion distinguishes the knowledge gained through the *mwali*'s attendance at school: "Long ago they didn't go to school. But they [the elders] weren't worried [about them going into school]. They said 'Listen we haven't intelligence (*Kw.akili*), they can get it. What do we know? We just plant but our children are getting intelligence".

When, in the context of the modernisation movements afoot in Tanzania, a small number of village midwives align themselves to this bookish knowledge by describing themselves as 'having read', they effectively harness the symbolic

² Strictly speaking *akili* has the connotation of intelligence, quickness of wit and ability to reason. Whilst these skills are thought to be accessible through formal schooling this is not uniquely so. Some say that whilst an individual's *akili* comes through the father's contribution to the unborn child, blood and strength come from the mother. Formal education is often translated in Kiswahili by the term *elimu*.

capital that accrues to both sources of knowledge and with it the power and influence which it represents. When they resist the writing down of their secrets or the admission of their young women for birth in hospital, as I will describe later, I suggest that they are not opposing these practices *per se* on the basis of ideology. In fact these practices gradually gain their own meaning through reinterpretation within the context of their use. Instead, I am suggesting that village midwives are articulating their sense of exclusion from these modern institutions and, with it, the loss of the power and respect which controlling such knowledge has accorded to them in the past. In other words, it hits at the heart of power relations at village level between the young and elderly and less directly between men and women.

If the control of knowledge is viewed as a means of acquiring symbolic capital, then it becomes evident that the erosion of their participation in teaching and birthing practices may alter the way these senior women are viewed within the community. They lose one of their important bases for accessing capital, perhaps in this case honour, and the means to incur indebtedness from others. In Bourdieu's discussion of symbolic capital (1977:171) he emphasises how the theoretical separation of economic and symbolic capital, especially when imposed on what he describes as archaic economies, can lead one into a naive analysis of the dynamics of interpersonal relationships. Instead, he suggests that the theory of economics is but one particular case of a general theory of the economics of practice. In order to overcome this conceptual separateness he suggests we should,

extend economic calculation to *all* goods, material and symbolic, without distinction, [which] present themselves as *rare* and worthy of being sought after in a particular social formation, which may be "fair words" or smiles, handshakes or shrugs, compliments or attention, challenges or insults, honour or honours, powers or pleasures, gossip or scientific information, distinction or distinctions, etc. (1977:178)

But Bourdieu goes further. He points out that where societies lack literacy, knowledge must be carried as cultural resources in the embodied form, communicated through what he calls systematic inculcation. The effects of

introducing other 'currencies' of cultural capital such as literacy through education, can effect changes in the dynamics of power relationships. Literacy and education he says,

enables a society to accumulate culture hitherto preserved in embodied form, and correlatively enables particular groups to practice primitive accumulation of cultural capital, the partial or total monopolising of society's symbolic resources in religion, art, philosophy and science, by monopolising the instruments for appropriation of those resources henceforward preserved not in memories but in texts. (*ibid*:187)

In support of my argument I find that, most often, resistance to innovative forms of knowledge which affect female initiation and birth, comes not from the younger people or from men (see discussion below) but from the older women. Once knowledge of this kind is written down it becomes accessible, in perpetuity, to anyone who is literate and educated regardless of their embodied experience. When birth becomes the domain of the hospital, and initiation secrets the prerogative of the literate through the text, most elderly village women are very effectively, though not necessarily intentionally, deprived of traditional sources of symbolic capital. Then only the most bold and astute may transcend the institutional barriers of a new order, intuitively tapping into the newly available resources.

Knowledge as Experience and Experience as Authority

In Fulwe, when knowledge is thought of in terms of embodied experience, it is described as *jadi* or traditional knowledge which, as I have elaborated in Chapter Five, rests with the clan elders and, ultimately, the ancestors. Such knowledge permeates many aspects of everyday practice but is particularly visible at the rituals marking the passage of newborn to babyhood, the child to adolescence, the young woman to motherhood, the mother to elderhood. Whereas men in the village frequently talk without nostalgia about the growing redundancy of the initiation rituals for boys and, they anticipate, eventually for girls; the older women encircle their rituals with secrecy, guarding them from erosion and substantiating their importance.

Pels' (1993:139) historical perspective on the neighbouring mountain communities of the Waluguru concludes that the gradual demise of the male initiation ceremonies was the outcome of the integration of Uluguru men into cash economies which involved migratory labour and contact with the modernising influences of Europeans. The policies of Nyerere's government suggested the need to reduce clan-based authority. In effect gaining access to forms of economic capital effectively releases men from a primary dependence on more symbolic and traditional forms of capital celebrated and achieved through ritual enactment. In communities with transitional economies such as Fulwe, the observation that 'accumulated experience is equated with wisdom and knowledge, [giving] legitimate authority to those who are senior in age' (La Fontaine 1985:142) can be sustained only with difficulty. Women in Fulwe, by and large, remain dependent on subsistence strategies. They have little opportunity to access alternative forms of 'capital'. For them, symbolic and ritual modes for capital transmission persist as important sources of power. In this situation ritual knowledge continues to have value, though as Simmel (in Bledsoe 1992:185) points out, such secret knowledge is in itself of less value than the political fact of controlling access to it.

From my perspective, womens' adherence to these paths to knowledge presented an interesting methodological problem. If this knowledge was accessible only to those who were eligible, that is pubescent girls and pregnant women, why should they share it with me?³ Indeed, given their understanding that I was likely to commit these rituals to writing, isn't their resistance to sharing it with me, in its own way, a display of the symbolic power which they strive to maintain?⁴

³ For example, one of my elderly companions had suggested to me that they act out the pregnancy ritual *kufunda mkowa* on me as a demonstration. Her contemporaries however rejected the idea on the basis that it would be impossible because I was not actually pregnant.

⁴ See concluding sections of this chapter for further discussion of this point.

Women as Guardians of Tradition

For the reasons I have described above, and in contrast to the attitude of most men I talked to, older women tend to be reticent about sharing their ritual secrets. In the context of fieldwork, in what ways does this issue emerge?

One day I sat talking to a small group of men and women, both young and old. We had been discussing the modern relevance of keeping the clan ritual perscriptions. While the older women bemoaned the lax attitude of the young, the girls giggled with embarrassment. An old man listening in asked me what I was hoping to achieve whilst I was staying in the village. I spent some time carefully explaining how and why I was undertaking my work. "And are these old women telling you what you want to know?" he asked with a slightly bemused look on his face. "Slowly we are beginning to understand each other" I replied cautiously. Then he continued,

"Ahh they will keep things from you my dear ... if you want to really know what's going on in this place ask the old men, they'll tell you. If you only talk with the old women you will have a very different story. Speak to one and then the other and then put the two stories side by side and you will see how they differ."

Episodes like those described in the first section suggested this old man's perceptions were accurate. The following experience added particular support to his view.

By this time I had been in the village for six months. We had been enjoying the frivolity and ritual splendour of the initiation season. Work in the fields was temporarily suspended. It is recognised as a time of relaxation, of fun and visiting. The village had, in Victor Turner's (1967) sense, a truly liminal feel. One elderly Christian man from Tabora told me, "Valeria this place, at the *ngoma* time, is like the devil's palace."

Nearly every weekend the buses from the cities would stop in the village and offload buoyant relatives, excited at the prospect of their family celebration. Other family members would travel from villages some way away, by foot.

Assembling in small groups the women would grab branches from a nearby tree and make their way to the appropriate compound. They danced and sang in harmonies, laughing and joking about the young girl initiands and what they were about to experience, and sometimes planning their own secret assignations.

Whilst I was living in the village, Tatu, a relative of my friend Mzee, became a *mwali*. During the family meeting which followed the onset of Tatu's periods, Mzee had negotiated to bring the girl to live in our house. A male representative of another maternal grandmother had also put a case to care for the girl (*kualika*) but ultimately Mzee had been successful. Consequently, he brought his mother to live in our house, so that she could act as the *mwali*'s guardian. In Chapter Six I discussed some of the details of the seclusion of the initiands and the ritual responsibilities of the *mhunga*. In this chapter I want to explore these responsibilities further in order to demonstrate how older women are not only ritual experts but the guardians of women's secrets.

Mzee had said to me, from the time that Tatu had arrived, that I had been most fortunate to have a *mwali* sharing the house with us. He told me emphatically that when it came to the time of *mwali*'s celebration that I should be able to take full part in it, and that I must ask his mother, and his wife Mwanaisha, any questions I cared to about what would happen. But Mzee's openness was apparently not shared with his womenfolk. Though they described, with obvious enthusiasm, the beer making and the different drum rhythms, the arrival of many relatives and the bringing of gifts, it was not until the onset of the ceremony itself that I learned anything about the detail of the ritual.

If initiation is viewed as a symbolic rebirth (Brain 1978, Van Gennep 1960), which is certainly suggested by the various stages of the initiation ceremony, then to be within the walls of the hut of the *mwali* during the time of the initiation ceremony, is to be within the clan womb. The ritual acts carried out prior to the *mwali*'s passage over the threshold to the *mkole* tree and again inside on her return, are acts of profound secrecy. Men and uninitiated girls and boys are excluded. Only experienced women, specifically invited by the *mhunga mkuru* (leading ritual specialist), are allowed inside to participate. In the act of 'giving

the meaning', the senior women, as a group, display a revitalising energy through their participation in the sharing of the secrets. In their ritual re-enactment, they confirm their unique power to confer generative forces.

To be asked inside to participate is viewed as an honour. At Tatu's ceremony both Mzee's mother Bibi, and Tatu's maternal grandmother were disappointed not to be asked inside. Bibi complained that it was only the well-off who were invited in. When I tentatively expressed my own wish to enter I heard the negotiation, on my behalf, start. Mzee's mother stood as advocate for me. Wasn't this Valeria's house and didn't she know Tatu? She wouldn't be able to understand the Kiluguru (local language) anyway. Hadn't she bought Tatu a beautiful *kanga* and provided food and money to help with the *ngoma*. Eventually she was successful, and somewhat reluctantly, I was ushered inside. For me personally the impropriety of my presence echoed with the symbolic violence of the ethnographic enterprise.

Nevertheless, I passed inside and sat tightly sandwiched between the others in the small room, lit only by the light of dusk trickling through the shuttered window. I was surprised that I knew so few of the women involved in this important ceremony. I had supposed that it would have been undertaken by those that had been attending the *mwali* during her four month period of seclusion. These women were largely from the father's side of the family, Tatu's paternal kin.

Beyond the initiation room, I heard the excitement mounting. The tape deck was switched off and the drummers, recently arrived from the city, heated the skins of their drums and dug them into the ground. Moved by their rhythms the male and female guests outside, men donning *kangas* and women sporting men's baseball hats, started their exuberant dance around the players. The *pombe* flowed. Inside the hut the tension was palpable. Sitting on the ceremonial three legged stool, the *mhunga mkuru* (senior teacher) with her breasts exposed, supported the naked and passive *mwali* between her open legs. As one woman chanted to her in Kiluguru, another whispered the meaning in Kiswahili. In turn, several of the elder women performed specific tasks. There was a gravity about each step of the ritual which evoked the reverence of the group.

Outside I could hear the singing and sense the dancing to the drums. Over the noise I heard my neighbour's voice complaining about the fact that I had been allowed inside. Amina was well known for her outspokenness in the village. She had, as village people say, 'many words'. But, as I learned a little later, she had not been alone in her concern for the keeping of secrets.

"These are not secrets of the Revolutionary Party: You must not refuse her."

A week later the episode arose again during a discussion with the village chairman. I had been asking his advice about ways of contacting pregnant women in the community. "You know Valeria this is a little difficult. Some older women have come to me and they say 'if Valeria is here to find out about childbirth then why does she also want to know about the initiation rites? She has even been 'absolutely inside' at some of the ceremonies. She wants to know our secrets'". But the chairman reassured me, and as if confirming my allegiance to the modernising aims of the Party, said, "I told them 'these are not secrets of the CCM [the Revolutionary Party] our mothers, these are only secrets of the Waluguru people. You must not refuse her'."

From this single example the process of gathering fieldwork material of this nature can be seen in its complexity. Gaining a consensus to allow me to participate in this powerful drama inside the hut had been tense. Eventually those that knew me well were able to argue for my inclusion and, even so, this still provoked anger in some, especially perhaps from those that wished to be invited to participate but had not. Overall, however, I sensed a growing concern for my invasion into the secrets of these people.

A month or so later a cousin of Amina's came to visit me. Mwamvua was, people said, bewitched by evil, envious people because of her success at school and her job with a white family in Dar-es-Salaam. When she heard that there was a *mzungu* (white woman) in the village, she came to talk to me. In her black Bermuda shorts and skimpy top, given to her by her European employers, she looked strangely out of place in her village surroundings.

She was in a state of nervous agitation. Mwamvua had fallen out with our neighbour Amina. "Amina," said Mwamvua, "is a wicked woman". I tried to calm her. I suggested that perhaps Amina had not realised how unwell she was. She claimed to have shown Amina the letter from the city psychiatric hospital diagnosing her bewitched state as schizophrenia. "No" said Mwamvua, "she is just a jealous and wicked woman." Although this was perhaps a month after Tatu's initiation *ngoma* Mwamvua, somehow in support of her previous comment, continued. "And she complained about you being in at the celebrations for the *mwali* you know... she didn't want to let you learn about it...she's a wicked person". "Why do you think she didn't want me to be there Mwamvua?". "Well you know about Amina don't you....She married an Italian years ago and he left her... Left her with a child and an old bed and settee and that was all. She is very jealous of me and you, that is why she is saying these bad things."

Mwamvua, though she probably could not have realised it, was like a breath of fresh air to me that day. Firstly, because she was accustomed to foreigners like myself, she showed no initial reluctance to talk candidly. Furthermore, due to her state of nervous agitation, the normal forces that work to temper comments seemed not to be in play. She talked freely and with abandon. But I felt sad for her too, with her dreams of following her past employer out to Switzerland to a new life. She was, she said, simply waiting for the ticket, a ticket which never arrived.

"Don't waste your time talking to her," scolded Amina a little later that day "She has a problem in her head. She'll tell you that she's going to Europe and that she had some fancy office job with white people, but she was just the children's maid for that Swiss woman and now they've left her."

I had been disappointed with my failure to establish a rapport with Amina. I had thought that since she had been married to an Italian for a few years and had a sister who lived in Italy for most of the year, that she would have some empathy for my work, or maybe just for my difference. She was my neighbour and I saw her frequently in the day. I admired her strength of character. She ran a beer club business, supported her mother and four children and employed

villagers to work her land. So I was disappointed when I found her, above others, to be suspicious of my motives and emphatically protective of the secret knowledge of women. Perhaps though it was this very experience of Europeans which shaped her suspicion.

She was a powerful personality in the village, who seemed to fear no one. She spoke up at village meetings, where no other women spoke. She handled brawls and disputes at her club single handedly, and when she discovered that a neighbour had been stealing her cassava roots she stormed to his house at night, accusing him of thieving. But one day when I was at the stream doing my washing with a group of young girls, they told me giggling. "Now Amina... she married one of your tribe Valeriain the end he left her with nothing but an old radio cassette." The symbolism of such a meagre memory disturbed me. But though I tried, I never could connect with Amina. Perhaps my Europeanness rekindled memories of dashed hopes for her. Certainly, in the eyes of her fellow villagers, her connection with 'my tribe' had left her with little consolation. However, what Amina did have, in common with the other experienced women of the village, were the secrets of her people. Indeed it seemed to me that she really had little motivation to impart them to me.

The Economy of Secrets: Giving the Meaning

I have kept close to the dynamics of my fieldwork experiences in the above passage because I want to convey the sense of how women are concerned to protect their rituals. They describe these rituals as 'giving the meaning' to embodied experiences like the arrival of puberty and the experience of pregnancy. I have not gone into the detail of the ritual inside the *mwali* hut because, out of respect for their concern, this should perhaps remain their secret. In any case, as Mendelson has pointed out,

What matters, is not so much the particular thing that is kept secret as the fact that some kind of secret is created, and that it pertains to the privileges of the sex or age group within the larger society. The secret here is a separating or distancing mechanism between a leading and a subordinate group (1967:22).

In this sense the women recognise their knowledge for what it is, a strategic source of power in the context of the village. That teacher-elders, the *wahunga*, and the midwives *wakunga* demand token monetary reward for their efforts seems simply to confirm the inseparability and interconvertibility of the material and symbolic capital which Bourdieu (1977:178) describes. The fact that I was eager to appropriate it for my own purposes simply reinforced its value to these women.

In her study of the cultural transformation of western education in twentieth century Liberia, Bledsoe (1992) notes that the contemporary western philosophic view of knowledge as having an intrinsic value, independent of social relations, seriously impairs an understanding of the meaning which formal education has for local populations. Instead she argues that, when properly considered, knowledge should be seen as a potential commodity and subject to relations of power between teacher and pupil which are equally pertinent in both the traditional and modern contexts of education. She says, for instance,

Mende secrecy tenets are refreshingly straightforward in viewing knowledge with a candidness Simmel would have applauded: as a potential commodity to be imparted for gain. When cast in this framework, issues of education and classroom curricula become secondary to larger questions of power: power that determines access to allegedly valuable knowledge. (Bledsoe 1992:185)

But let us return to the idea that aspects of *jadi* knowledge are based on giving the meaning to embodied experiences. The meaning, having been imparted at the appropriate point, then takes on the form of a secret which should be withheld from those who are not, as yet, in a bodily state to receive it. Knowledge in these terms is acquired through a cumulative process; passing through different life cycle rituals oneself, while also participating increasingly in the rituals and bodily experiences of others. Initiated girls are invited to take part at the secret points of others' initiations. Women, who have given birth themselves become eligible to attend the rituals and births of others younger and less experienced than themselves. When, at the climax of the birthing of a kinswoman, all those who are present are directed to hold the mother-to-be

(Kw.kumshika), they say that by doing this they are giving the girl their strength. For women in the village there is a strong relationship between the extent of bodily experience, the physical and emotional strength of an individual, and the degree of knowledge which she holds. As I have noted in an earlier chapter, the *mwali* and the *mhunga/mkunga* represent polar extremes on a continuum of experience, knowledge, power. The route along this continuum is the path through bodily experience and participation.

It is understood that, through time, and in the context of repeated participation in the rituals of others, the deeper meaning emerges. Becoming a fertile or pregnant woman are not static roles to be conferred, but bodily experiences to be given meaning. In the traditional sense then, knowledge comes about in the orchestrated action of doing. It is not possible to know without having experienced. Through the experience, the group acknowledges the individual by ritually marking them in precise and definite ways, as one who knows. In the process of doing so the cumulative knowledge of the group is symbolically imparted to the participant. To have knowledge in the secondhand sense of having learned without doing, is a difficult though not irreconcilable idea. It is knowledge that does not have its sources in the collective, inherited knowledge of the group. It lacks traditional legitimacy and when it is introduced into the environment of the village it can cause uneasiness, uncertainty and resistant attitudes because it is outside the control of those with traditional authority.

In contrast to the child inside, who is viewed as an active agent in the childbirth process, the woman herself, in particular a woman birthing for the first time, is the passive presence. She is cautioned not to open her eyes, she is exhorted not to be frightened. To show fear is to precipitate the death of the child inside. The ideal behaviour is, paradoxically, one of controlled passiveness.

Called To Participate at a Birth

Saiditunza was a quiet, eighteen year old woman, pregnant with her first child and married to a local subsistence farmer. For the last few weeks of her

pregnancy she had come to stay at the home of her maternal kinswoman, Mama Ubaya. I had been visiting her for several weeks with Mama Kaloli, a traditional midwife, my friend and her distant relative. The night her labour began I wasn't surprised to be woken from my sleep. We had both felt the birth was imminent. The following is my fieldwork diary entry for that night.

In the night at 1.45am Mama Kaloli's son, together with Saiditunza's husband came to get me. I walked through the village following them. Kaloli carried an axe, "Night-time is a dangerous time to walk through the village Valeria. There are bad people about." When I arrived, Mama Kaloli was already inside. Saiditunza lay on the bed.

We are eight women in the room, several are older women including Mama Kaloli. They are relatives from both the husband's and labouring mother's sides of the family. Saiditunza, being pregnant for the first time, has no experience. She remains passive and following the instructions of her mother's brother's wife, she averts her gaze from her *wakubwa* (the big ones). All the women present at the birth are older than Saiditunza and have given birth themselves, with the anomalous exception of myself. As we settle down on the mat, Mama Kaloli starts to explain to them how she has decided to help me. One of the other elderly relatives praises her. Others have refused, she says, because I have not given birth myself.

We settle down, wrapping our *kangas* (wraps) around our shoulders against the cool of the night: some are nursing children, who lie at the breast. Mama Ubaya seems to be in charge of ordering the events. Shortly after I arrive she goes to Saiditunza's belongings and takes out the white *kanga* which Saiditunza has worn in the later months of this first pregnancy. In the corner is a knot containing protective medicines (*Kw:kinga*) and the small *mbugi* bell, given to her at the *kufunda mkowa* ceremony when she was seven months pregnant. She unties the knot and puts the contents in a little space at the foot of the wall.

Now the stories begin. We talk initially about the hospital. I suspect that my presence has triggered this off. It is not right that women, pregnant for the first time, should be left alone with no-one to hold them, and anyway most of the nurses in hospital are no more than children themselves. They are [primary school] Standard Seven leavers with no children themselves as yet. They learn it from the books. They study. Someone describes how the nurses hit them if they do not push well, and how the women are cut to bring the baby out. The younger women listen, but say very little. The conversation moves on to the village gossip. Mustafa is beating his son, Mama Leba is in a dreadful way after her hospital delivery, it was Angi's mother's fault that her child had died, someone gave birth in Lukole

yesterday. Mama Kaloli argues that she cannot be present at every delivery. The other elders note Mama Kaloli is the biggest midwife in the village, her partners (fellow midwives) were no good. Binti Nyangasi is refusing to help people when they called for her because she wants payment. They conclude the best place for delivery was at home, only those that are frightened go to the hospital. These days the young women don't want to be held (Kw:kushikwa) at the birth, they just want to 'run to the hospital'. Still the younger women keep quiet and listen.

Mama Ubaya is a forceful personality in the group, a practicing *mganga* (traditional healer), though she says she is *mwoga* (a fearful one) when it comes to the actual delivery. Later I came to understand the full impact of her statement. Eventually my curiosity overcame me and I asked her if Saiditunza had a hospital card from her antenatal visit. "There's no use for the card now," she replied curtly, but the younger women support me saying it might be useful to see the card. She softens slightly "tomorrow is early enough". In the meantime she starts to prepare the herbal medicine to hasten things along, boiling up already collected leaves and bundles of sticks. They sit the labouring girl at the side of the bed and ladle the medicine into her mouth, spooning the surplus over her head, allowing it to run over her pregnant body and onto the floor. In the same movement the empty ladle is dropped at her feet, "This will hasten the labour."

From time to time we hear the voices of men talking outside. It was Saiditunza's husband's first child and he is anxious to know how she is progressing. "*Bado time yake*" (It is not her time yet) they shout through the wall to him. A little later Saiditunza's mother's brother appears in the room. I was somewhat surprised for I had never seen a village man inside the birthroom before. "He is coming to give her medicine, he is also a *mganga*." Gently then, with her eyes averted, Saiditunza is guided to the floor. He squats behind her and throws sorghum flour at her sides with a swinging movement. He is performing *tambika*, these are gifts to the ancestors, "We should pray for a safe delivery." She looks so much like a *mwali* at the *mkole* tree that my mind echoes back to those initiation months.

As the night wears on people bundle together on the floor, sleeping or talking. The elderly aunt sits huddled over the fire, smoking. The pains are getting stronger and Saiditunza is becoming restless. Mama Kaloli calmly feels her swollen body whilst Saiditunza looks in silence at the wall. Yes, the child is finding the path, the way is opening up well. She should keep her legs open, allow the child to come. Eventually the light of dawn starts to filter through the cracks in the wall. The noises of the morning commence gently and there is activity slowly starting outside. Our room feels heavy and warm. My senses tell me the birth is imminent. There is a lingering air of expectation now.

Mama Kaloli checking the girl frequently, calls me over, "The birth is close". Now all is action. One of the older women sits at Saiditunza's back supporting her. We others gather around the bed. Mama Kaloli hoists up her *kanga* and dramatically mounts the bed, lifting the girl upwards at the small of the girl's back. The use of the bed rather than the floor is her concession to the training sessions with the hospital staff. The women are tentatively standing back averting their gaze as the bulging bag of waters bursts. It is rumoured that Mama Kaloli has the *dawa* which allows her to look without damaging her eyes. Another 'sister' takes over on the bed, whilst Mama Kaloli looks to see what is happening. Now the panic sets in. Up to that point I had, like the others, been supporting her body some six inches above the bed, but as I see the panic swell I wonder what I should do, for I could see no cause for the anxiety. It is 6.45am. She has been pushing for just half an hour. People have started shouting, "She hasn't got the strength, she will kill the child, it will return inside, it is at the door!" One relative having heard the commotion from outside rushes in and, exacerbating the confusion, starts to stuff cloth in Saiditunza's mouth, shrieking at her to push. But when finally, Mama Ubaya, her *mganga mwoga* aunt, picks up the cooking stick and starts to thrash it against the walls of the hut and on the side of the bed, threatening Saiditunza with it if she did not push harder, the urge to be of more assistance overwhelms me.

All the time Mama Kaloli remains calm at the foot of the bed. We worked together now. Mama Mwajuma, the experience of her own thirteen labours to her credit, now uses a piece of straw to tickle Saiditunza's throat, to encourage the pushing. We have no forceps here, no episiotomies, no syntocinon drips. We work only with our hands, voices and experience. Mama Ubaya, in her hysteria, grabs my arm to pull me away, but now undeterred I simply turn, and elbow her out of the way. With Mama Kaloli coaxing from below and myself from above we draw the baby's head out and then the shoulders. The child is large. Mama Kaloli takes water into her mouth and sprays it out over the child's body and it cries out. The atmosphere in the room swings palpably from panic to excitement. I shall never forget the satisfied smile Mama Kaloli gave me as she looked up from the foot of the bed. But Mama Ubaya is still creased with anxiety and continues to accuse Saiditunza of nearly killing her baby, shouting *mshenzi we* (you barbarian). The others talk excitedly about the birth, praising Mama Kaloli and myself. "So you do know about it, Valeria!"

All the time Saiditunza is quiet. She never called out, despite the rough handling she had received. Mama Kaloli continuing her work, gently and slowly delivers the placenta. She asks for gloves to handle it and to clear up the blood. We take the placenta into an adjacent room and, in a hole dug especially for the purpose, we plant it in the ground with umbilical cord drawn up to the surface. Any blood spilt at the birth is scraped from

the ground with a hand hoe and placed with the placenta. When all the work is done we go to wash outside and, returning inside sit down on the floor. Now, in turn, each of us who have assisted, hold the baby, gazing at it, but making no comment. Forgetting our tiredness we are in a bouyant mood now. There are all manner of lewd jokes about how she has produced something from her *wowowo*. One of the elderly women starts to joke about how there would be only a few days rest now before the man's penis would be wanting her again. She dances about irreverently, waving her finger between her legs, parodying the girl's husband. We are all enjoying the charade. "But I thought people had to wait until the child was weaned before they started to make love again?" I smiled. This just precipitated a deluge of laughter. "*Wongo Valeria!*" (Not true).

Notions of Assistance at Birth

From the above passage we can see clearly how birth can be viewed not solely as a personal experience but one imbued with a wider social meaning for all present. It is an experience circumscribed by the act of prescribed communal participation; an opportunity for the transmission of knowledge through involvement. But for some women this involvement is not always welcomed. Indeed it is not always viewed as necessary.

Earlier in this chapter I referred to the idea that the woman pregnant for the first time is, like the *mwali*, ideally conceptualised as unknowledgeable, inexperienced and passive. She lacks strength in the broadest sense. However, with the passage of time, through her own birth experiences and her involvement in the births of others, she gains in wisdom. This process finds its natural conclusion when, as a grandmother, she assists at family births and initiations. Then she is seen, again ideally, as assertive, knowledgeable and strong. Remember, for instance, Saidi's description of his *mkunga* mother as 'a hero, courageous and kind. Mama Kaloli fears no one.' In this sense one of the primary purposes of participation at birth is the transmission of a kind of communal strength from those older, wiser and more experienced to those whom they are assisting. This transmission takes place, not only implicitly, but by the communal holding of the young woman's body above the ground. In this way, they say, "we are giving her our strength."

During fieldwork I gathered information from sixty births which took place in the village over a thirteen month period. Some were births that I attended myself, for others the information was collected retrospectively. It showed that, without exception, women birthing their first child were attended by at least four others. Similarly, women considered to have prolonged or problematic labours were attended, through the period, by increasing numbers of concerned kin or neighbours. In contrast, those who had already given birth to many children, without incident, were among a small group who had delivered alone or were attended by only one assistant. This pattern of assistance correlates well with the view that the strongest of women are those who are personally empowered through the experience of birth and are therefore able to succeed without the need for the assistance of others.

This ideal of lone birthing was also evident in the course of collecting birthing histories. A small number of women described with pride how they had given birth, delivered their own placenta, buried it and bathed the baby without the knowledge of their neighbours or kin. Sargent (1986:138) notes how a similar ideal exists among Benin women. According to Sargent's retrospective survey of 120 women, 43% gave birth without assistance. In Fulwe such 'achievements' are rare. In this study, out of sixty women interviewed within one week of birth, forty-three had given birth at home. Of these forty-three, only one had delivered alone.

Considered from the perspective of the need for assistance, we can see how women themselves perceive the relationship between knowledge, experience, and strength or power to be firmly woven together. In this context, the conceptual and practical importance of the act of participation becomes clearer. Within the traditional paradigm, the communal strength of experienced women becomes focused on the less experienced and 'weaker'. When the choice of hospital birth becomes available, the dynamics of the relationship between younger and older women is challenged.

Hospital Attendance: Waiting at the Gate

Relatively easy access to the local clinic and hospital makes the choice of cosmopolitan style health care, at the very least, a practical possibility for the villagers of Fulwe. According to national government statistics ninety percent of women attend, at least once, for antenatal care at official clinics (UNICEF 1990). Certainly every pregnant woman encountered in this study had made time, and dwindling financial resources, available to visit a dispensary or hospital for antenatal care. In part, this may be accounted for by the fact that both *jadi* and western obstetric practices are premised on the idea that misfortune can be prevented by early detection⁵ (Roskell 1988:82). That women believe access to assistance at hospital, at the time of birth, is conditional on their having attended for antenatal care, further explains the prioritising of such visits. Hospital attendance antenatally is, for some, an expression of their modernity and links to urban life, though this idea does not necessarily hold for the provision of birthing.

According to the data collected from my Fulwe village census, forty-three percent of births over the previous five years had taken place in the hospital setting⁶. Transient populations, employed in professional work in the village, frequently opted for hospital confinement and account for a proportion of such births. Early enquiries amongst settled residents of the village had suggested that, but for logistical and financial problems, most people would opt for hospital delivery. The issue, however, is more complex.

Gathering data retrospectively did provide me with an understanding of the outcome of birth but had limited explanatory value for decision making. Conversely, through participation at deliveries and collaboration with the individual 'midwives of ancestral obligation', I was able to follow the pathways of choice for a number of birthing episodes and to explore dynamic strategic decision making with more precision. What becomes apparent is that the indigenous people of the village readily seek hospital delivery for their labouring

⁵ Outside of obstetrics, conventional western medical practice is dominated by the concept of cure rather than prevention.

⁶ This was information collected from village women for births of children under 5 years (n=418).

Plate 13: Traditional midwives demonstrate a birthing position during training session



Plate 14: Fellow kinswomen form the birthing group of a young mother



kinswomen, but only at the point when the 'birthing group' judge their communal skills to be exhausted. As such, Fulwe women and their families do not anticipate hospital births. Consequently, though both the fieldwork experience and the census results show retrospectively that this option is often taken up, few births in Fulwe are actually pre-planned to take place in the hospital environment. Indeed, I was involved in several cases where city dwelling women purposely returned to Fulwe village in order to deliver with grandmothers and relatives.

What I have shown through the above discussion is that the principles of involvement and routes to participation at village births are intertwined with personal histories and ideas of ancestral obligation. These help to explain why it becomes important for women to attempt to situate the birth event correctly, in both physical and symbolic ways. Such contradictions as exist between domestic and hospital domains for birth find expression in the figurative language used by the elders to describe this trend and the sometimes stoical and resigned responses of the younger pregnant women.

Senior women sometimes describe the need for hospital delivery by saying that the labouring mother had not the strength to succeed in her village surroundings. Perhaps they may have failed to keep the clan prescriptive rituals. Although many older women maintain this maxim, younger ones may claim that elders no longer remember the skills of their forbears and so frequently resort to hospital assistance. Women criticise one another, describing the increasing tendency to resort to hospital delivery as ill judged on the part of the fearful carers.

When older women display dissatisfaction about their young mothers giving birth in hospital, one of the strongest laments is that, in doing so, they face the experience of birth alone. Once at the hospital, the labouring woman is ushered inside. Meanwhile, the remaining family members are compelled by hospital staff to stay outside the doors of the maternity unit. Reflecting on the need to send their labouring kinswoman for hospital attention I have often heard women later say of themselves, as a birthing group, "*tumeshindwa*" , (we have failed).

Hospitals and Huts as Symbolic Space

From the villagers point of view, when hospital staff in the town refuse entry to the family of the labouring woman, they effectively deny her access to the embodied knowledge and communal strength of her kin group. When asked how they feel about this, young women simply shrug their shoulders and say that this is something which they must bear. As in so many other aspects of their daily life, they perceive themselves as powerless to intervene.

But birthing spaces resonate with symbolic meaning. Whilst it is not my intention here to document the many ways in which hospital and village births differ, I do want to comment on the symbolically bounded nature of those spaces. Jordan has made some valuable observations about the use of artefacts for the assistance of birth. She notes, for instance, that in the Mayan community where she studied birth practices, these artefacts were everyday objects, hammocks and beds, objects familiar to the various assistants present. In the hospital environment, by contrast, these artefacts were specialised, 'high tech' and unfamiliar to the labouring women and their non-medical supporters, should there be any. As a consequence she notes that in the non-medicalised village situation, knowledge about the management of the birth tends to be uniformly distributed. Decisions about problems tend to be shared decisions, in contrast to the hospital based birth which she says, "draws in its wake a hierarchical distribution of knowledge and social authority that reflects the equally hierarchical social position of the birth participants" (1987:38). What she effectively demonstrates is that the tools of birth are more than practical aids to birth, they are imbued with a symbolic meaning that can, through their use, confer power to their users.

In Fulwe it was interesting to note that one of the recurring requests of the midwives who had undergone UNICEF training, was that they should be provided with the promised equipment for their work, kidney dishes and basins, cord ties, razor blades, and gloves. What I wish to suggest is that these artefacts, when supplied through the hospital, are important symbols of the hospital domain. Traditional midwives desire them, not especially for the sake of

improved standards of hygiene, although this may be the outcome, but as Jordan implies, for the power which accrues to them. When particular midwives use these artefacts, they attempt to appropriate the symbolic power of the hospital for themselves.

In her analysis of the political power of Sande traditional midwives, MacCormack similarly notes the enthusiasm of these women to cooperate with culturally appropriate health education programmes. Indeed she points out that they enhance their reputations as guardians of health and fertility through their cooperation with health officials. She says,

The conceptual framework within which Sande society women work is very broad and flexible, not at all the closed system which Horton (1974:153ff) suggests in his discussion of African thought. Midwives have readily shown me their stainless steel scissors which they now know are free from contamination and will diminish the chances of neonatal tetanus. They have much to gain by adopting new theoretical tenets about health and fertility in order to improve their own success, fame and power. (1982:11)

My own fieldwork experiences lead me to question the assumption that MacCormack makes, namely that because midwives readily appropriate the artefacts of western obstetric medicine, that they do so on the basis of having been persuaded by any theoretical scientific argument. Clearly there will always be exceptional individuals for whom this may be so. Nevertheless, on the basis of having observed how such artefacts are frequently employed in practice, it seems that reputations are likely to be embellished rather more through symbolic association than through the adoption of new "theoretical tenets".⁷

Furthermore due to the lack of a comprehensive programme of cooperation between hospital and traditional practitioners, misunderstandings and contradictions often arise between the two groups. On the one hand, midwives from the village environment are invited for training by the hospital-community liaison staff. These training programmes are sensitively carried out and the

⁷ Because I regularly used gloves for assisting at deliveries, the midwives that I accompanied were also keen to use them. I was well aware that the gloves would be worn for the protection of the midwife, rather than for the benefit of the delivering woman. Nevertheless I felt I must provide them when they were requested. Having explained and demonstrated their use, how they should be cleaned and stored, I was dismayed to see that they were brought out at the next delivery covered with the congealed blood of the last birth.

traditional midwives are shown great respect for their work. Because much of the time is spent asking village midwives about their work, these trainers appreciate the extended nature of the midwife's role. Conversely when responsible older women arrive at the hospital gates with difficult cases, less enlightened staff from different departments turn these same midwives away.

What, then, is happening at the door of the hospital? It helps if we consider the door as the threshold between different kinds of symbolic space, different modes of knowledge and power distribution. As I noted in Chapter Two, resistance to the effective integration of 'traditional' and 'cosmopolitan' practices frequently emanates from those who wish to monopolise power. During the course of fieldwork, I attended several traditional midwife training courses. Underwriting the whole movement of traditional midwife training is the concept that both hospital and traditional midwives share similar goals of empirical therapeutic efficacy for the satisfactory outcome of pregnancy and birth, and that traditional midwifery practice simply represents a less sophisticated form of practice. On this basis it is assumed that through a programme of simple training in basic principles of Western medicine the efficacy of practice in western terms will improve. Clearly the relationship between practice and knowledge is more intricate. Indeed, Cohen reminds us that "in looking for the distinctiveness of communities, that is in seeking their boundaries, we should not be deceived by the *apparent* similarities into supposing that they are *actually* alike, nor even becoming less different" (1985:76). Cohen's (ibid:75) observation that it is important to distinguish between structural form and conceptualisation is useful here. He suggests that because structure does not necessarily determine meaning, communities may appropriate particular structures without undermining the integrity of the community boundary. Employing common structures need not signify shared meaning. This is an important idea in the context of traditional midwife training.

I have already described how the preventative aspects of cosmopolitan antenatal care sit comfortably to complement indigenous ideas. I should add that this is only to a point and only in the correct space. Consider the following

situation during a training session of traditional midwives, which took place in a village outside of Fulwe.

As the elderly midwives huddle around the pregnant woman, the trainer explains the practicalities of hospital palpation. A young pregnant woman lies passively before them on the clinic couch, apparently unperturbed. Her body is crisscrossed with magical protective amulets. Her slightly swollen belly is exposed by the trainer with respectful gentleness; each part of the examination process is explained in familiar terms to the old women.

Trainer: "When we feel the pregnancy at the umbilicus this tells us that Mama here has five months of pregnancy. Is this true Mama? ... Look at the dark mark that runs to the umbilicus." The old women strain over the height of the examination couch to observe the signs.

Trainer: "Why do I look at the colour of her eye lids?"...Pause. "What does it mean if the inside lid is pale?" continues the teacher carefully coaxing.

Traditional Midwife: "*Hana damu* [She hasn't blood]", volunteers one of the bolder women .

Trainer: "Can we help her?"

Traditional Midwife: "She must go to the hospital", continues the bold one.

Trainer: "Very good"

The teaching session continues in the same gentle vein for another fifteen minutes. The old midwives gaze at the pregnant woman, curious...observing. A few are given the opportunity to attempt palpation for themselves. They thank the young woman and depart to return to the teaching session, talking to each other and laughing as they move next door. As soon as the old women have left, tears well up in the eyes of the young woman, and a slight tremble of her body becomes visible shaking. Concern envelopes the room, the two nurse helpers rush to her side. She sobs quietly, her face averted from view.

It might seem difficult to fathom the cause of this upset, which was deeply troubling to all those involved in the situation. After all she had been asked for consent to be examined. She had not been pressured into having the examination, but had agreed voluntarily, apparently happily. Wasn't the woman accustomed to the routine examination at the clinic? It was her third child, and she had attended

clinic throughout. The examination was carried out with sensitivity and reasonable attention to modesty. So what was the problem?

The extreme anxiety and shame/embarrassment (*kw.aibu*) evoked by such a situation is only indicative of the intensity of the dislocation experienced within the meeting. Not only were these people from the various surrounding villages, they were elderly village women, strangers ...perhaps witches? Here in the space of the clinic, they were people out of place and out of context.

I am not suggesting that every young woman would have reacted with the same intensity to the situation, and I doubt that she herself anticipated the anxiety that it eventually evoked, until the point when she was actually being looked at and touched. But it was clear that these old women lacked legitimacy for their actions in this place. That they should have the support of the hospital midwives for their presence could not justify their gaze to this mother. Her body, dressed across with its amulets, was indicative enough of the vulnerability she felt. With these sacks of medicinal potions she attempted to protect herself and her expected child from the mischief of demons and witches.

As I had come to know, having spent one and a half years in Tanzania and thirteen months amongst village people, to cry is not something that Tanzanians do freely, except perhaps at the death of a loved one. To allow your emotions to show in such an overt way is generally considered rather shameful and a sign of weakness, something that perhaps a *mzungu* (a white person) might do. Laughter is a much more common conduit for fear. Had I been party to this scene twelve months before I would certainly have noted it, but could I have appreciated the intensity of the anxiety which this young woman was experiencing?

Part of the problem lies with the cosmopolitan medical view that traditional midwifery is but a simplified form of western obstetric practice. As I have already shown, this view denies the very different social contexts which give meaning to practice. Within the hospital environment the route to legitimate authority and knowledge is a different path to that of the village. Considered from this perspective the problem becomes more comprehensible if we remember that, within the village context, a pregnant woman confides her condition only to her

close relatives or trusted neighbours. Others discover her state only with the passage of time, when she can no longer conceal her pregnancy beneath her *kanga*. Furthermore those that see and confirm the pregnancy are personally experienced kinswomen. In the context of the village, and outside the clinic, they are seen to have the legitimate authority. In the hospital or clinic, however, midwives and doctors are frequently younger women and men, often strangers and sometimes yet to experience childbirth themselves. Nevertheless, in this clinic environment pregnant women display no reluctance to be examined or have blood taken. Unselfconsciously, they expose their pregnant body to the gaze of unrelated men and women. In this space these people have the legitimate authority. The fact that they are able to carry this legitimacy into the village situation through the use of artefacts like syringes, white coats, cars and medicines simply emphasises the nature of the power relationship that exists between hospital and the domestic domain.

Considered in these terms of correct people in correct space, it is perhaps predictable that when village women accompany a labouring kinswoman to hospital they are refused entry into the labour ward. They must wait outside, and are not even allowed to make enquiries as to the woman's progress.

Opportunities for Participation

Given that forty-three percent of births in Fulwe, over the last five years, have taken place in hospitals or clinics, we may conclude that increasingly fewer women experience the group participation that I have described earlier. Indeed older women observe that, "They just run to hospital these days", "They haven't the strength to succeed at home". Some mothers defend these actions by pointing out that at the hospital, labouring women can receive help through procedures which 'open the passage' or by Caesarian operations. There are allusions by some that the traditional midwives these days have little knowledge to deal with difficulties. Older women describe how in the past they would more readily seek out the help of the family *mganga*. These days they frequently resort directly to

the trip to the hospital, the organising of which frequently involves the resources of male relatives.

Whilst elderly women, confident in home delivery, rebuke those that quickly take the hospital option, women of child bearing age and men in the village are more inclined to support the choice of hospital assistance. They say, for instance, that in the hospital they measure you, they don't grasp your body, they are knowledgeable ones. Indeed, it is common knowledge in the village which clinics provide superior assistance. Reflecting how clan dispositions influence decisions towards the handling of birth, women who had consistently birthed in hospital sometimes point out "*ukoo wetu, tunazoea kuzaa hospitalini*" (in our clan we are accustomed to give birth in hospital). In such cases few members of the group have knowledge of delivery in village conditions. When asked whether they would assist if called, several replied, "we are not knowledgeable ones, if called we would stay *pembeni* (on the sidelines)". Moreover because their relatives are more likely to deliver in hospital, they themselves are less likely to participate in assisting them.

In this sense the traditional relationship between participation, embodied experience and knowledge becomes more tenuous. The opportunities for the transmission of traditional knowledge are increasingly limited. Consequently, the confidence of women in their skills as midwives is gradually being undermined. This situation was demonstrated to me by the following fieldwork experience.

An old man arrived at our house. It was dark. Mwanaisha and I sat playing cards. We spoke for a while and eventually he came to the point. Could I come out to his relative who was in labour. I asked him if they had already called a traditional midwife. Yes, he assured me, there was someone with her. When we arrived at the hut I went into a tiny room, lit by a kerosene wick. Again we greeted and I could see two older women with the labouring woman. Who is the midwife? I asked. "There is no midwife"... I returned outside to the old man "Who is the midwife?"... "She has run away. I think she is frightened to see you."

Overhearing our conversation, an elderly woman eventually appeared from the house next door. "I have not run away, but I am not a midwife. I know nothing really, I simply help if there is no one else. I assist my own children, that's all. I am not a registered midwife." She returned to the house with me but I could not persuade her to take charge. Inside I looked at the young girl. Her mother sat at

her feet. "Mama don't you deliver?" I asked her. "No no, not me I'm a scared one. I delivered all my children in the hospital in Dar-es-Salaam." The old man went off to see if he could recruit help in the neighbourhood. He returned with a couple of relatives. When they saw me, they too said that they were not midwives. The younger claimed she had delivered all her children in hospital and thus had no ability. The older said it was *mwiko* for her to deliver, as her eyes had been badly damaged doing this work.

I asked the mother for the girl's antenatal card. I read that she had been diagnosed with severe anaemia and had been advised to have a hospital delivery. It was late at night and there was no transport available. And so, with none of the others keen to take the responsibility, I went into my bag and drew out a pair of examination gloves. There was a general nod of approval as they watched me pull them on. The girl's mother started to tell stories of how the nurses delivered women in the hospital, not on the floor, as in the village, but on the bed. In hospital you weren't allowed to push until the baby was near. Sometimes there were several mothers in the same bed. Nobody was there to hold you.

The girl, despite her strong labour pains sat passively on the floor as I examined her. She still had a few hours to labour, I told them. "Do you see how *they* know," one of the women observed. "In hospital if they get a problem they can do something about it. In the village, aghh, its just left to God". I suggested that she should drink water. Water is cold, they explained to me, it will cool down the labour. In an effort at compromise the girl's mother lit the fire and warmed some water for her to drink.

It was in those few hours of sitting and waiting that I really experienced what it meant when village people intoned "*Mungu akijalia*" (God's will). I knew that she should deliver in hospital but there was no way to get there. I had no equipment, no drugs if things went wrong. Now, caught in a dilemma of my own making, I too, hoped that fate would be kind and that the birth would be straightforward. A little girl was born safely just before daylight.

The girl's mother brought in a stringy piece of banana leaf to tie the cord. I was tired, felt it probably wasn't clean but accepted it. In the space of the hut, I seem to have lost enthusiasm for the tenets of my own knowledge. We cut the cord together and I gave the afterbirth to her. Should she bathe the baby or bury the afterbirth? Without volunteering themselves, the elder women advised on the way to deal with it. No blood must be left on the floor. Finally two of the older women leant down to the fire to take ash which they smeared on their head and chest, advising the rest of us to do the same. This, they say, would prevent the blindness that eventually afflicts all those that participate at births.⁸

⁸ Jedrej (1989) in an ethnographic overview of the significance of ash for peoples of NE Africa notes that its use is frequently associated with the shades and spirits, the forces of life and death. In the

Emerging Structures

A point which has emerged from the fieldwork, and which appears as an issue in the above passage, is the distinction which women make between registered and unregistered midwives. This distinction appears to have arisen as a direct result of the implementation of government training courses. Many women who assist their kinswomen at delivery, do not view themselves as birth specialists. They simply carry out this function as part of their 'natural' familial and ancestral obligations. As several women told me, "if you are called, you cannot refuse".

In their lifetimes many women may only assist at the birth of their own grandchildren. Notwithstanding this, there are a number of women in the village who have particular reputations for assisting in difficult cases. They deliver breech births or remove stubborn placentas. These are the *wakunga*. They are rumoured to have particularly effective medicines or to have inherited special ancestrally bestowed powers. It was largely from amongst these women that fifteen were chosen by the village government to undergo UNICEF training.

When sharing the memories of those midwives, setting out to experience their government training week, many were ambivalent. Some laughed as they recalled wondering whether they would ever be allowed to return to their village. Although traditional midwifery was never legislated against in Tanzania, the attitude of health officials towards these practitioners from the colonial period, through early independence until relatively recently (1982) had left many traditional midwives uncertain of their position in relation to the hospital institutions⁹. I have outlined above how sensitive training sessions, by well motivated personnel, have made registration something which is valued and how women who have undergone training seek to capitalise on the symbolic power

present fieldwork it was observed to be used as a form of ancestral *tambika* ritual, smearing it on the bodies of labouring women and their assistants thus appealing to the spirits for protection and assistance.

⁹ See Chapter Two for an historical overview of the articulation of western and traditional systems of health care and the attitude of governments towards the practice of traditional midwifery in colonial and post colonial African countries.

which their association with the hospital represents. As a result, other experienced women in the village now wish to undertake these courses. Yet, for the majority of women, the routes to legitimate knowledge and authority within the domains of hospital and village remain distinct.

Development Issues

In the introductory chapter I discussed the background to the movement for the training of traditional midwives. Since the late seventies nation states such as Tanzania were encouraged to participate in UNICEF supported programmes as a way of extending maternity cover to the village setting. Subsequently, regions have received foreign and government assistance to set up and maintain training programmes. Because allocation has occurred on an individual regional basis, it has resulted in uneven development. In some areas the programmes have been impaired by problems of under-funding, logistics and spurious administrative practices. Discussion with trainers of traditional midwives suggests that it is not possible to extrapolate the results of this study directly to other communities. The work of the traditional midwife in the community is a function of particular historical, political and economic factors, which makes a general discussion of the success of training programmes difficult. Yet I believe that several important points have emerged from this ethnographic study which raise questions about the training of traditional midwives as a development strategy for the improvement of maternal and child care.

Many women in Fulwe have actively participated and assisted at the birth of their kin and neighbours and consequently there are large numbers of relatively inexperienced birth assistants in the village. You will recall that I arrived in the village under the impression that there were fifteen active traditional midwives. In fact according to the village chairman the list from which they were selected had contained four hundred names. This means that the number of UNICEF trained village midwives is small compared to the total number of those assisting at births. Furthermore, the position of midwife is not one that is conferred at any one point on an individual, but is defined through participation and over time.

This makes midwives difficult to identify as a particular group. Women assist one another out of a deep seated sense of obligation. The art of healing exists as a potential quality or characteristic of an individual's nature and may be present to a greater or lesser degree. Because there are so few trained traditional midwives in the village and because women generally call on senior clanswomen to assist, UNICEF trained midwives are often not present at deliveries. When problems do arise the trained village midwife is likely to be bypassed for the advice of the traditional healer or the labouring woman transported directly to the hospital, as a last measure.

Returning to a consideration of the other materials provided in the UNICEF kit; thread, soap and, razors. All of these items are in daily use in the village situation. The assumption was, that once instructed in their appropriate use, trained midwives would be able to acquire them for themselves, within the village. This presupposes a situation where village midwives received remuneration from those they assisted, which would allow them to replenish their kits. This was a highly contentious issue for UNICEF trained midwives. Viewing themselves as aligned to health service institutions, they felt that they should receive payment from government sources, which they did not. Payment, if it was forthcoming, was generally considered insignificant and commonly described as a gift. Whilst this arrangement remained satisfactory where the woman had been delivered by close kin; when trained village midwives had attended non-kin, they were patently dissatisfied with such paltry payments. On several occasions I witnessed experienced midwives excusing themselves from calls for assistance to non-kin on the grounds of ill health or alternative obligations, only to confide in me later that these people refused to provide sufficient remuneration for their difficult work.

At the root of this problem is the lack of follow up provided by trainers of traditional midwives. In the context of this research, it was apparent that the continued existence of hard earned mutual respect, generated in the training sessions two years previously, could not be built upon due to insufficient long term funding for projects. If, as I have suggested, much of the value of the

project for participants hinged on the ability of these trained traditional midwives to gain stature in the community through their association with government health institutions, then their neglect following the initial training period failed to reinforce this advantage. Their newly acquired skills could not be assessed, reinforced or developed. It should not be envisaged that this lack of follow up was due to insufficient enthusiasm on the part of trainers. Trainers in this region were well aware of its importance and were deeply frustrated by their inability to follow through on the programme. Inadequate resourcing, together with tentative suggestions of corruption within the health service were blamed for the lack of follow through.

In situations where follow up cannot be ensured, the results of this study suggest that young women attending antenatal clinics provide the most promising route for the introduction of cosmopolitan maternity ideas to village practice. They have before them a lengthy period of potential assistance to others. Earlier in this thesis I have discussed how young women are supported by families in their desire for antenatal care, and how virtually all the women with whom I had contact had received at least some assessment. These visits to the hospital or dispensary represent valuable opportunities for health education relating to pregnancy, birth and childcare. At present they are very poorly utilised.

In describing the way assistance at birth is structured in the village, I have shown how younger women are drawn into participation. Initially this will be in a supportive role, but through time, they will become significant decision makers. Ultimately their formal school education and propensity to accommodate westernised ideas of health make them the more likely cultural brokers of cosmopolitan medical ideas about birth in the village setting. In these terms, their already existing commitment and access to institutionalised health care, makes them a readily available and receptive target for preventive health education and a resource which should attract considerable educational investment.

It is important to place this view alongside the fact that the village is likely to remain the primary choice for birth in many cases, and the hospital an option only for those problems which are unresolvable at village level. Soaring costs and

increasingly inadequate resources mean the complete medicalisation of birth is unlikely to take place within the present economic situation in much of Tanzania. So critical was the resource problem in 1994, in the area of this study, that those opting for hospital births were expected to provide their own surgical gloves, syringes and drugs for use by hospital personnel.

To focus on labour and birth in this way is, however, to wrongly create the idea of the midwife's function in the community as one of a simple 'traditional birth attendant'¹⁰. I have shown in this study that her responsibilities fan out into a number of important female life events which are perceived as safeguarding and perpetuating the fertility of the group. Just as significant is the way that participation in such events structures a sense of identity and purpose, linking women, and through women, men, together as a group; reinforcing and celebrating clan and neighbourly alliances. Shared experiences and active participation at birth, initiation, pregnancy ritual and labour continue to act as important fora for defining and redefining the self, personal power and a sense of belonging through cycles of time. If training and health education is shifted to focus on younger, novice traditional midwives, in the longer term this cycle is simply strengthened.

When women in Fulwe say "breast milk is wealth" they refer to their children as their greatest resource. If this is recognised it becomes easier to understand why the idea of limiting family size through contraception is antithetical to received wisdom, especially amongst older and politically more astute elders. To do so is, implicitly, to undermine the basis on which women strategise, not only politically but economically. Whilst the notion of adequate birth spacing is well developed, one of the central functions of the traditional midwife, as a woman, remains to ensure the continuity of her clan group by enabling and controlling fertility. Indeed, it forms her *raison d'être* as a ritual adept. If contraception exists as an idea at all, it does so in the minds of those

¹⁰ Whilst the term Traditional Birth Attendant (TBA) is widely employed in development terminology to refer to village based midwives, Carol MacCormack (1982:118) has criticised its generic use because it ignores the multidimensional aspects of her place in the community.

who are presently the least influential, the sexually active schoolgirls¹¹ and those younger women whose tired bodies testify the double burden of childbearing and increasing workloads¹². Even then, the need felt by young women for secrecy in acquiring and using such techniques substantiates the prevailing and dominant view that the control of fertility should not be the prerogative of the individual herself. When considered in this way the promotion of family planning techniques is unlikely to be successful by way of its incorporation in training programmes for elderly, experienced village midwives. Conversely, promoting contraception to younger women, giving them control over their own fertility, threatens the basis on which dominance is expressed between the both the young and the old and men and women.

Journeys between Symbolic Spaces

When women emerge from hospital with their newborn, they board the bus to return to the village. Once within the village they are ushered into the confines of their familial home to be cared for by their kin. Here, the various prescriptive rituals particular to the father's clan are activated. The child will not emerge again until the umbilicus has separated. The mother will be bathed with hot water and remain within the boundaries of her compound, visited only by close kin and neighbours. Not until the 'bringing out' ceremonies are complete will she strap her baby to her back and emerge again into the mainstream of village social life. There appears to be no contradiction in the idea that, on her passage from the town, she and her child have already ventured into the outside world. It is as if that journey has never existed.

There is an interesting parallel to this journey. When young fertile girls, the *wali*, emerge from their seclusion huts to pass through the village to school, they do so with their head and shoulders covered with a fine gauze *kanga*. Figuratively speaking, they become invisible. Once inside the confines of the school they

¹¹ Vuorela (1987:185) describes how schoolgirl pregnancy is considered a serious problem amongst the people of Msoga village, Tanzania and one which has been precipitated by the inability of families to control fertile young women undergoing primary school education.

¹² McCall (1987:192-213) outlines the many ways in which villagisation has increased the workload for women whilst undermining previous legal and political tribal status.

remove the cover and, instead of being addressed as *mwali*, they revert to the use of their birthname. They speak in a normal rather than subdued *mwali* voice. They mix with boys and male teachers. In other words they adopt their non-*mwali* identity.

Within the symbolic spaces of the school and hospital it is as if different notions of propriety prevail. What is, in *jadi* terms, 'natural' and desirable behaviour for women in these transitional states, no longer pertains. Such spaces have, as yet, no clearly defined meaning in the habitus of many female elders, where embodied experience and participation form the basis of legitimate knowledge. They are in essence liminal spaces of uncertainty. For their younger kinswomen, by virtue of their own experiences, these contradictions are less evident, though doubtless with the further passage of time they too will sense impropriety in a different form.

Within the context of these changing objective structures, generative principles are never static. Ideas of what constitutes the 'natural' way evolve. For as Bourdieu (1990:56) says, "habitus is embodied history, internalised as a second nature, the active presence of the whole past of which it is a product." New experiences in changing social and economic circumstances are capable of generating new meanings within presently existing ideas.

If elderly women are resisting the changes wrought on the community by modernising influences, I suggest that they do so, not on the basis of ideological differences, but because such institutional changes diminish their strategic power. In other words they take a political rather than ideological stance. For, as I have shown in this chapter, modernising influences like education and hospital birth strike at some of the key experiences through which female identity is constructed and expressed in Fulwe.

Locality, Identity and Change

In so far as the ritualised secrets of initiation, pregnancy and birth work to maintain and perpetuate a sense of communal identity among women, any move to usurp their value tends to threaten a sense of identity and community as defined

by local notions of ethnicity. Indeed it may be the explicit aim of a national government to do just this, in the interests of national cohesion. I think it is not coincidental that Tanzanian Government authorities, through the channels of local Revolutionary party officials, seek to discourage gatherings like the *mlao* initiation ceremonies. Whilst the official argument maintains that such ritual feasts are wasteful of limited food resources, there is little doubt that they also hope to promote a sense of pan-national identity at the expense of local clan-based allegiance, made explicit in such rituals.

Similarly, local dispensaries and schools almost by definition discourage the celebration of local indigenous practices and rituals through their emphasis of modernising, nationalistic and cosmopolitan practices. Indeed *Operation Kijiji*, the villagisation programme of 1974, had as a important tenet the idea of a uniform provision of services, allegiance to the National Party and the downplaying of ethnic distinctions.

I have argued earlier that certain sectors of the community, especially older women, may resent aspects of modernising influences which they perceive as impinging on their responsibilities for 'giving the meaning.' The previously respected ancestral power of female elders as *wahunga* and *wakunga wa jadi* is weakened by association with the nation state, whose institutions focus power predominantly on those who are commercially astute, politicised and educated. Though development and government policies attempt to ameliorate the present situation, village women are largely poorly represented in these areas, despite their observable contributions to production. Older, mature women, in particular, sense a renewed responsibility to define and protect their power base, to guard their unique knowledge which celebrates and embodies ideas of clan allegiance and continuity.

In terms of birth, given that meaning is experienced through shared participation, any move that destabilises this structure will effect changes in individual notions of identity and power. I suggest that if birth or the understanding of adulthood no longer occurs in the *jadi* context, the cycle of participation is disrupted. The responsibility for 'giving of meaning' shifts from

older women to the school room or the hospital. Where hospital-based births predominate, birth is no longer an available symbol for the re-enactment of clan identities or for focussing notions of clan and female strength. Instead, the hospital and school, with its professionals, provide the context. Then, no less secret, knowledge and power emanates from a new and still largely unfamiliar source.

The Personal Politics of Representation

I conclude this final chapter with some reflections regarding the politics of "writing down" the lives of others, for these are equally issues about knowledge, experience and power. For it seems to me that the act of writing ethnography is intrinsically political and, as I will show below, this belief is not solely the reflexive act of the anthropologist. It may also actively concern those who are being represented. In Chapter Four I discussed some of the methodological problems, now emerging as theoretical issues (Okely 1992:2), which were intrinsic to undertaking the fieldwork. I have argued that if ethnography is the product of the interpersonal encounter, then adequate representation should involve a discussion around those encounters. Reconstructed, they become my own version of reality, constituted through my shared experiences. Axiomatically we work through our relationships with others. We depend on the cooperation or otherwise of our companions. How to creatively utilise the product of such encounters continues to be a matter of experimentation. Whether a Ph.D. thesis is the place for such experimentation is perhaps a matter of debate. Nevertheless, even the fledgling anthropologist may sense an intellectual imperative to attempt to address the problem of subjectivity. To this end I have tried, where appropriate, to share particularly important encounters in the field, encounters which I viewed as significant stepping stones towards an understanding of the lives of people in Fulwe. I have attempted to show how the fieldworker, through listening and looking; sharing and participating gains a sense of received meaning in this new world of experiences. Such a privileged position has allowed me, within the agenda of this study of fertility and birth, and over the passage of time,

to be guided by the concerns of the people I have come to know. As I have shown in this and previous chapters, such concerns have often reached out to issues which link villagers to city dwellers, local communities to nationalist state institutions and point to the way social change is experienced and expressed by people in Fulwe.

In keeping with this view, I should point out that my own concern with the politics of representation is not triggered here by Said's illuminating preoccupation with the problem of representing the colonised (1989:205) nor with Campbell's sensitive consideration of the hegemonic relationship between the anthropologist and the anthropologised (1989:176), though I will consider their arguments later. Instead, I return to the fieldwork and in particular to a conversation which I had with an elderly woman friend towards the end of my stay in the village. I have no reason to assume that her feelings were any different from many of the other people I associated with, except perhaps that her age conferred on her a wisdom and the confidence to openly articulate her view. I use this conversation as a way of demonstrating how the people about whom we write *do* show a concern for the product of our reflections.

Furthermore, given that knowledge can confer power, a point I have discussed in this chapter, collecting information may be construed as potentially disempowering by the people from whom we seek it. The very act of sharing understanding with the outsider/insider may be perceived as implicitly undermining of the integrity of communally defined identity.

Valuing Knowledge: If I Told You, Could You Sing It?

Binti Fundi was one of the oldest women I knew in the village. Though she did not remember how old she was, she could recall precisely the year of her initiation as a *mwali*. I estimated from this that she would be at least seventy five years old. She was a portly matriarch, one of the midwives who, having skills as both a midwife and healer, was often called to problem births. She often acted as one of the senior, responsible women in her group at clan births.

She and I had spent a lot of time together over the previous year. On my arrival in the village she had, initially, been rather suspicious and reticent toward me. She had not reckoned that I would be around for all this time. Now she teased me about my village 'grown' knowledge. One hot morning I made my way down the highway to her home, set back slightly from the busy roadside. I found her there stripping leaves for her grandchildren's afternoon meal. "Do you know which leaves these are?" she quizzed me, ".... *mlenda*" I replied compliantly. She smiled with pleasure, for she knew that only local people recognised this wild plant and laughing, she teased me, "You will know everything soon!" That day we talked again about the initiation rituals and eventually reached a discussion about the ceremony that takes place for the girl who is pregnant for the first time, *kufunda mkowa*.

Binti Fundi and her daughter had already helped me with quite detailed discussion of the female puberty ceremonies. Sometimes, after we had talked they would tease me saying, "Now Valeria, don't go selling this for a profit." I had already explained to them, at length, why I was interested in this information. Despite my protests, I could see a veil of doubt descend on their countenance. Binti Fundi and her daughter had actually been remarkably open about their discussions of important rituals in the village. I had been surprised by the ease with which they explained to me some more intimate aspects of the initiation ritual. Others had been less forthcoming. So I was curious at a point in our discussion when the old midwife became perturbed and hesitant.

We had started to discuss the songs that were sung at the ceremony for her granddaughter, who was pregnant with her first child. I had not had the opportunity to observe this ritual first hand. Part of our conversation went as follows,

V Who was present at that *kufunda mkowa*, was it her maternal aunt?

BF The *mhunga* (ritual specialist) wasn't her maternal aunt, but her grandmother on the father's side. She was cared for there. *Kufunda mkowa* I prepared *togwa* [non alcoholic beer], and called her grandmother on her husband's side to give her the meaning on how to give birth. You do this and that.

V What did you teach her, did you show her how the baby turned (I act out the ritual demonstration).

BF (Surprised) Now where have you seen this? Where did you see it, you said that you hadn't been inside!

V I didn't go in. I didn't learn it here, I learned it from those midwives on the [training] course at Mlali.

BF Yes, well that's what they do. The paternal aunt of the girl or her mother's sister, they cover themselves with the white cloth and then they sing to you.

V Can you sing those songs now?

BF Those songs from the *mkowa* ahhhhh. Pause... Then you'll go and sing them there, at your home.

V I wonder if I can understand their meaning.....Is it a secret?

BF It is a secret, they are about birth and the teaching of the *mkowa*.. It's secret.

V So its your secret and you can't tell me?

BF If you get the secret will you go and tell lots of people?

V It's not for lots of people Bibi, its just for the elders at the University. It won't just be treated lightly..... But there's no problem, if you don't want to tell, that's OK.

BF If I told you, could *you* sing it? Or you want me to sing it into the machine.

(Somebody arrives to buy flour and our conversation halts).

A little later.....

BF OK, now I want to ask you this. You have travelled for your work. Ehh *Babu* (grandfather). Now you have completed that. The *jadi* midwives have shown you how to look at the pregnant women. They have shown you how they deliver, how they cut the cord, bury the placenta. That is the work. So when you go back to your country they will ask you, and you will tell them, I lived this way and that way. Ehh *Bibi* (grandmother).

V Yes, well you know these days people are very interested in the way that traditional midwives work. If you live in the city, and work in an office, you will not understand very well how it is done.

BF But there [in your country], you can say it was a good place, there they do it well, there the elders do a good job. But these other things [the secret songs] well....

V Well *Bibi*, its your decision really, if you want to tell me, then I want to hear. I do understand.

BF To tell you? My friend I have already talked with you alot.

V To sing I mean. I understand that you want to keep it secret, it's for those pregnant women that are Waluguru, not for people from outside.

BF Listen here, you go to your place and you say, "In that village where I lived this is how the *wakunga wa jadi*, they do it." Yes, they will listen to the machine. I *sing* and you *take it* and they will listen. You take it to England and listen to me there on the machine. Yes *Bwana*, it's right there "*Chereko chereko*"

(birth: exclamations at the initiation). So you get the song in there [the recorder], then who will listen?

V It wouldn't be for a lot of people.

BF Not for a lot of people? ... You want your reward, don't you... You'll take it from here and show it to your elders.

V What kind of reward do you mean?

BF To give to those people who come here travelling. Listen, you say, '*Jamaani* (friends), those that live here they do this this this.' ehh *Bwana*.

V No, its not for people that come here like that. Do you mean visitors? (tourists)

BF Yes, for the tourists (pointing to the road in front), to let them know when they travel. They will know everything. Haven't you lived here, my child? This is the news from Binti Fundi. You sat and talked here, my sister, and they will say 'You sat with that old woman and what did you eat? Since the morning I have been talking with my Grandmother and there wasn't anything to eat, not even tea to drink.' You have just sat here without anything. (I'm smiling)... You won't say this?

V I won't say that!

BFYou'll say it *Bwana*.

V I won't say that *Bibi*.

BF MMMMM

Later in the conversation Binti Fundi did sing me some songs, and by this time I felt the onus of responsibility heavily. She understood intuitively that knowledge is never simply knowledge for its own sake. She points out quite explicitly that knowledge must inevitably have its reward. Indeed, the fact that I expressed such an interest in that knowledge simply confirmed its value to her. My single currency of exchange was friendship. But is this a kind of moral 'cop out'? In the broader view, are we disempowering or 'short changing' those that share their stories and ideas with us?

Earlier in this chapter I discussed the way knowledge can be viewed symbolically as a resource and a means to a particular kind of power within the village. The sharing of this secret knowledge provides both the basis of identity and the means of its perpetuation. Its control represents a route to legitimate authority. It should not be unexpected therefore, that Binti Fundi sought reassurance about what I planned to do with the knowledge she had chosen to impart to me, for she clearly recognises it as valuable. But I would say that her concern is broader than this. It seems to me that she sees the knowledge passing

through me to the 'outside', where its dissemination can no longer be controlled. Once knowledge is written down it is accessible to all. People who pass along the road, through Fulwe, could read my book and know all about the way of life and the secrets of the people here. As I have mentioned in an earlier chapter, the highway passing through the village provides a powerful symbol of change and otherness. Those who pass along it are similarly attributed with its meaning. As we discuss the issue of telling secrets, she makes frequent reference to the passing traffic. Metaphorically, the traffic becomes alternately my elders, Europe, tourists. Who will benefit from this secret knowledge?

In this sense the sharing of information which allows for the analysis of power relationships has the potential to effect disempowerment. This is the very point that Said makes in his discussion of the representation of 'the colonised'. He exemplifies this by referring to Scott's otherwise perceptive and sensitive ethnographic account of a Malaysia peasant community. He says, "Although Scott¹³ presents a brilliant account of everyday resistance to hegemony, he undercuts the very resistance he admires and respects by revealing the secrets of its strength (1989:220)". Similarly with regard to Price's¹⁴ study of the role of secret knowledge in defining national identity amongst the Saramaka of Suriname he observes,

Price quite sensitively understands this form of resistance to outside pressure, and records it carefully. Yet when he asks "the basic question of whether the publication of information that gains its symbolic power in part by being secret does not vitiate the very meaning of that information," he tarries very briefly over the troubling moral issues, and then proceeds to publish the secret information anyway (ibid).

Discussion of the anxiety of informants with regard to what will happen to information offered, and the kind of representations made has only recently re-emerged out of an earlier literature concerning the uncomfortable historical relationship between anthropology and colonial domination (Hymes 1974). Hastrup (1992:122), for example, talks of the symbolic violence which characterises the ethnographic project, and whilst she uses the dilemma effectively to justify postmodern claims to ethnographic authenticity, she is not

¹³ Scott J.C. 1985 *Weapons of the Weak: Everyday forms of peasant resistance* (New Haven, Conn.).

¹⁴ Price R. 1983 *First-Time: The Historical Vision of an Afro-American People* (Baltimore).

able to successfully resolve the moral problem implicit in representing others. How can the ethnographer deal with the problem of the privileged access to information? On this topic Okely (1980:42) makes passing reference to the reactions of her gypsy companions. Because she initially felt that they were suspicious of her motives for seeking to understand, she wrote her fieldnotes in private and unknown to the rest of the community. Nevertheless she tells us that later in the fieldwork one woman had suggested that she should write a book about her experience with them. In other words, anxiety about being written down may be negotiated at a personal level and through time, in the context of emerging familiarity. My own negotiations in the above text seem woven through with allusions to a trust anchored in such familiarity and ideas of friendship. At the very least, the conversation which I have presented in this last section demonstrates that when the people we talk to choose to share information with us, they do so, not from a naive or passive position of 'being anthropologised', but from a politically aware and interested perspective. Nevertheless as Hastrup observes,

Because scientific discourse must make claims to speak over and above the acts observed and heard, there is an inherent hierarchy in the relationship between interlocutors. To deny that is also to remain insensitive to the violence inherent in fieldwork. Both parties are engaged in the joint creation of selfness and otherness, but the apparent symmetry at the level of dialogue is subsumed by a complicated assymetry : the ethnographic project systematically violates the other's project. (1992:122)

Emerging from this analysis of birth and fertility has been a central theme of participation as a route to knowledge, and knowledge as the basis of power. Clearly these are themes which are not without parallel in my own fieldwork project. For as Campbell has argued, "we [anthropologists] have power which is more than authoritarian and more than materialistic. It is epistemological and we cannot repudiate it." (1989:176) When Binti Fundi hesitates to sing her song to me, I suggest that she does so out of recognition for this very point. Afterall, in the end it is I who have told my story. Her reward must, for now, remain a matter for conjecture.



Plate 15: Sharing an understanding. Mama Kaloli and the author collude together for a photograph

APPENDIX 1

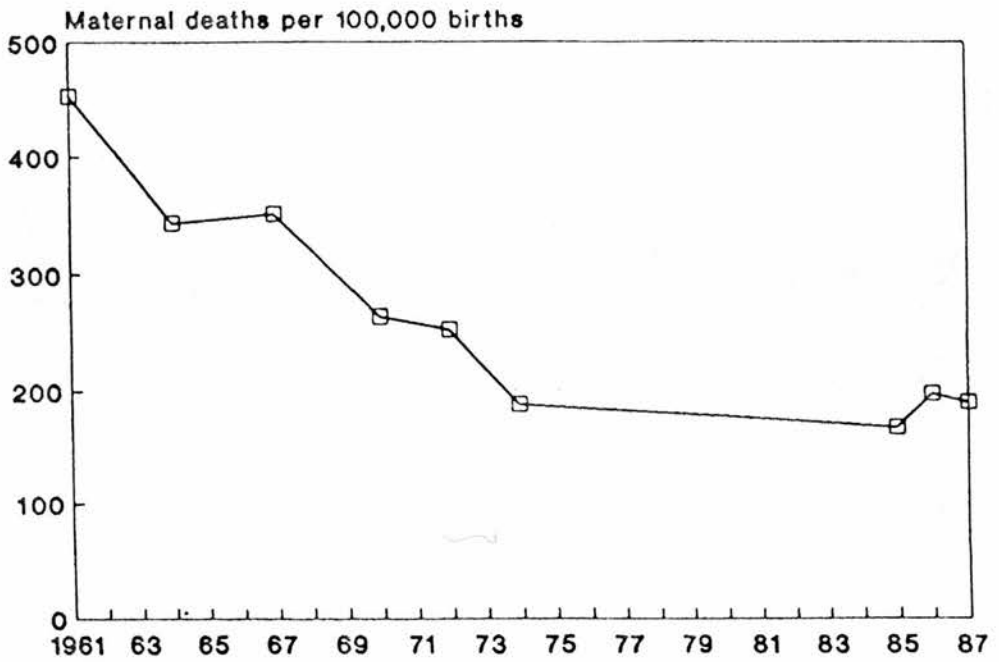


Fig.16: Maternal Mortality Rates in Tanzania

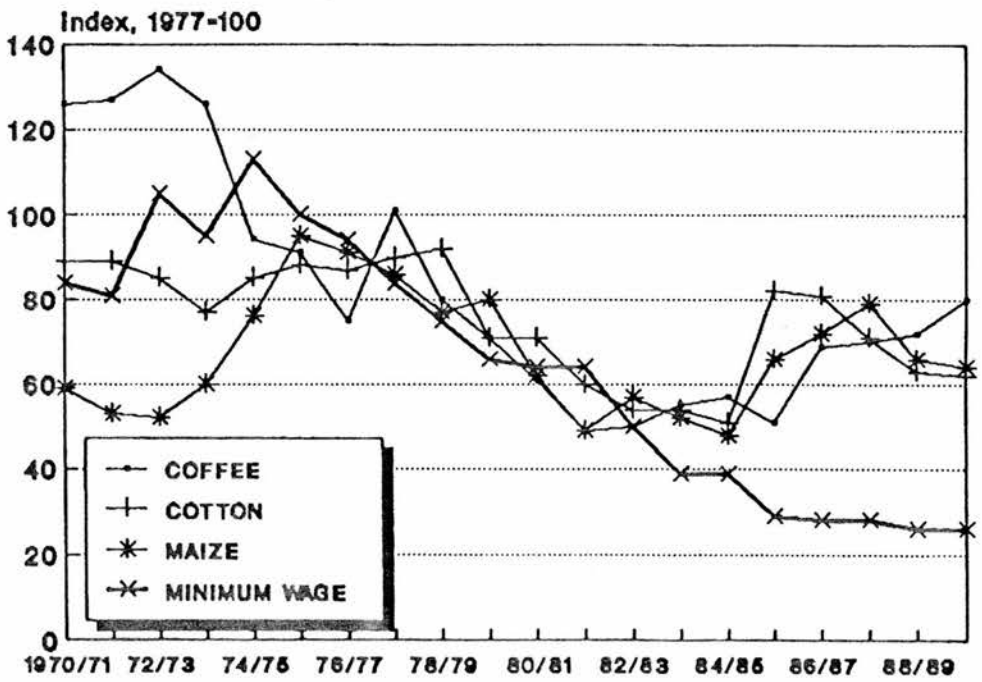


Fig.18: Graph showing decline in indices of cash crops and minimum wages

Source: UNICEF Women and Children
A Situational Analysis

APPENDIX 2

FEMALE SECLUSION AND INITIATION

Kumweka Mwali Ndani: Secluding the Initiant

The onset of menstruation is immediately acknowledged by the girl's family and a responsible older woman, preferably one of the girl's grandmothers or sisters, arranges for her to be 'put inside'. She is instructed about the prescriptive practices of the clan and taught how to deal with the blood and menstrual cloths. From now on she will be referred to as *mwali*. News of the onset of puberty is sent to her maternal and paternal relatives who meet within several weeks to arrange who will be taking responsible roles for her care. The girl's father and mother's brother, influenced by their clanswomen, are both central in the decision making process.

Siku Saba: Seven Days

After seven days of seclusion the girl is allowed to come out in order to continue her schooling. Generally she returns from school each day and immediately re-enters the hut, resuming her *mwali* identity by exchanging her school uniform for the white *kanga* worn on the lower part of her body. In a small, but growing, number of clans young women are allowed to continue their functions outside the home. Responsible women, in these cases, say that they are unable to manage without assistance from the girl. In school, girls continue to be addressed by their pre-pubescent name. No concessions are made to her changed status.

Kumwalika

When interested relatives meet they decide on the format of the ceremony and choose a venue. Discussions generally focus on who should take responsibility for the care of the *mwali* up to the time of initiation, who should act as *mhunga*, the senior ritual specialist, and who will make contributions of food and gifts to the days of initiation. Responsible elders are guided in a general way

by the idea that the first girl child of a woman should be cared for (Kw.*kualika*) by her father's kinsmen and women. The next child would be given to the mother's relatives.

The guardian of the *mwali* is frequently a woman who is a classificatory grandmother or sister. The *mhunga*, who will be the senior clanswoman in the culminating two day ceremony, is frequently a different relative to the girl's guardian. The guardian decides on the day to day care of the *mwali* and is the central disciplinarian. She places the string of white beads around the *mwali*'s neck and instructs the girl to rest indoors curled up in a fetal-like position on the bed. She will rub herself with a mixture of oil, yeast and corn cobs in order to make her skin pale. She is discouraged from washing her body although, since girl's now continue to go to school, this rule as been relaxed. She remains inside, in the darkness of the hut and speaks in quiet tones. When she prepares food she will do so whilst sitting or lying on the bed.

Strictly speaking the girl should not be seen by her [classifactory] fathers or mother's brothers. Conversely, it is acceptable and even expected that her grandfathers will maintain an interest in her throughout this period. Children, schoolfriends and women are often proudly invited in to see the *mwali* and to admire the signs of her increasingly maturing body. Ensuring the *mwali* becomes fat and pale during this period of several months to two years, are major objectives of the guardian. During this time efforts are made to find suitors for the girl and interested and suitable men are encouraged to visit. In contrast to the past, it is very rare for a girl to find a suitor at this time.

When the responsible kin have accumulated sufficient resources to sponsor the initiation ceremonies, the elders begin to visit relatives in order to arrange a convenient date for the festivities. In preparation for the coming out, the girl frequently receives a visit from the family *mganga*, in order to receive protective medicine. As the days of the *ngoma* approach neighbours and close kinswomen visit to assist with the preparations of food and the cooking of the traditional beer (Kw.*pombe*, *togwa*).

As the *mlao* ceremony approaches guests, mainly women, arrive in large groups from the city and other villages. They approach the house shouting *ugali*, *ugali* (maize meal porridge) and *chereko*, *chereko*¹ and wave branches plucked from nearby trees. The gifts which they bring are sorted according to their maternal or paternal allegiance. Similarly, guests tend to sit in groups which reflect their clan associations. All the time the *mwali* remains passively indoors, in the dark, and wearing her white kanga on the lower part of her body².

Kwenda Mkoleni

On the first day of the initiation ceremony one room inside the hut is prepared by cleaning and arranging mats on the floor. Discussions are finalised as to who should act as *mkasamo*, the man who will carry the *mwali* on his shoulders during the final day of the ceremony. A woman, usually a woman relative who has borne children, is chosen as to act as *mnandi*. On the days of initiation she cooks for the *mwali*, carries her to the *mkole* tree and on her return to the hut shaves her pubic hair and washes her body. Inside the hut, the ceremonial three legged stool is positioned for the *mhunga mkuru* (senior ritual specialist). A winnowing basket filled with sorghum grains and a *kitunguli* (gourd) is filled with beer and made ready for the ritual. As dusk approaches the men who will play the drums ready themselves in the compound outside the hut. Outside the general company of men and women dance in concentric circles around the drum beaters. Inside older and experienced women observe the ritual which involves presenting the original menstruation cloth to the assembled group³.

Having completed rites which confirm the onset of the girl's puberty, the *mnandi* carries the *mwali* on her back to the site of the *mkole* tree. This tree is the

¹ Beidelman (1986:60) describes this term as meaning birth. Alternatively, Swantz M.L. (1970:393) translates it as rejoicing.

² I have a lingering personal recollection of seeing the *mwali* who lived in my home, lying outstretched on my companions' double bed, reading the local newspaper as she awaited the onset of the ceremony. When relatives came in to visit she would hide the paper, expose her breasts and curl into the fetal pose ready to be admired.

³ Women who take part are deeply concerned that this part of the ceremony within the hut remain secret. In order to respect their wishes I have omitted the details at this point.

central symbol of fertility. If no tree exists within the locality, then the branches are brought and planted into the ground nearby. The *mwali* is set down at the base of the tree and, with eyes closed and body limp, the senior women guide her hands to touch its branches. Men and uninitiated girls are excluded at this point.

The group divides into two and while one sings songs around the *mwali*, the other group enacts mimes of the sexual act which delight the assembled group of women. During the song singing those who take part actively in the singing and acting are paid token amounts (Kw.*kutunza*) for their efforts. Then the men and any others are called in to take part, and the women form two columns leading up to the *mwali*, who sits passively covered in her new kangas. In a great show of theatre the *mkasamo*, often a male relative, wields a *panga* (machete) and tom tom, and runs the gauntlet of the crowd of cheering women⁴. Approaching the *mwali*, he brandishes the masculine symbols before her. The *mwali* remains passive but the women make token payment to the *mkasamo*. Other men including the girl's mother's brother and her father approach the girl pressing small change onto her face and arms.

Eventually as the darkness comes the crowds return to the house. The *mwali*, still passive, is carried childlike on the *mnandi*'s back. At the door there is a period of ritualised abuse, when the women outside are initially refused entry. Once again inside, the mature women look on as the *mwali* is taught the format of the ritual *kunema* which will follow on the next morning. Outside, the *ngoma* and dancing continues throughout the night.

Kunema

Either following the *mkole* celebrations, or early the next morning the *mnandi* takes the *mwali* to be washed and to have her pubic hair removed. Up to that point she has been in a state of ritual pollution. Now cleansed, she is taken on the *mnandi*'s back to the home of the clan representing the other side of her kin. Now she will be dressed in the gifts which she has been given. Her hair

⁴ In the past the role of the *mkasamo* was taken by a relative of the girl's prospective husband. As there is frequently no suitor identified these days the role is undertaken by any strong man.

covered by a colourful *kilemba* headdress, her breasts are exposed and wrapped about by crossed kangas. Her face and body is covered with *ufuta* (oil) and small sesame seeds are pressed onto her oiled face. Wearing any jewellery that she has been given, she is taken into the assembled crowd, preceded by the *mnandi* who carries the symbols of fertility, the winnowing basket of sorghum seeds: and gourd of *pombe* beer in which the three beads of red, white and black have been placed⁵.

Then she is lifted high above the crowd on the shoulders of the *mkasamo*. She is instructed to keep her eyes closed, lest she should fall to the ground. At the same time, she waves her arms above her head, dancing to the beat of the drum. The whole scene is highly provocative and women and men look on with critical attention to her skill at maintaining her position and rhythm. Meanwhile the male relatives of the girl follow her around the drum beaters, singing and waving money which the responsible women collect on behalf of her responsible elders.

Finally she comes down from the *mkasamo*'s shoulders and sitting in between the legs of a senior clanswoman she is further pressed with gifts of money. When she has been returned to the house, the senior women retire inside to drink the *pombe* and to reflect on and discuss the success of the ceremony.

Kufunda Koko

Some clans follow on the next day with a smaller gathering of the girl's maternal and paternal grandmothers, mature sisters and father's sisters. This is called *Kufunda Koko* and its primary purpose is to instruct the girl on her sexual behaviour and her attitude to her husband and household guests. This ceremony is sometimes omitted as marriage is often not, as yet, arranged and a girl's sexual behaviour continues to be an issue of control which concerns those responsible for her. If a suitor has been found then the *mlao* ceremony is immediately followed by the short Moslem marriage rite. This is rare and generally the newly initiated

⁵ These colours are said to represent the three colours of the woman's secretions at different points in the menstrual cycle.

girl is told that she should '*kaa kimya*' (remain quiet, close to home and sexually inactive) until a husband can be found.

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